

Council of the District of Columbia
OFFICE OF COUNCILMEMBER BRIANNE K. NADEAU
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004

TO: Nyasha Smith, Secretary of the Council
FROM: Councilmember Brianne K. Nadeau *Brianne K. Nadeau*
RE: Closing Hearing Record
DATE: March 2, 2022

Dear Ms. Smith:

Please find attached copies of the Agenda, Witness List, and testimony for the Committee on Human Services performance oversight hearing on the Child and Family Services Agency held on February 17, 2022.

The following witnesses testified at the hearing or submitted written testimony to the Committee:

Public Witnesses

1. Ruth Ann White, Executive Director, National Center for Housing and Child Welfare
2. Marla Spindel, Executive Director, D.C. KinCare Alliance
3. Marie K. Cohen, Child Welfare Monitor
4. Tami Weerasingha-Cote, Supervising Policy Attorney, Children's Law Center
5. Melody Webb, Executive Director, Mother's Outreach Network (***no written testimony***)
6. Christian Greene
7. Donna Flenory, Chairperson of the Board of Directors, Foster and Adoptive Parent Advocacy Center
8. Arika Adams, Executive Director, CASA for Children of D.C.
9. Ashley McSwain, Executive Director, Community Family Life Services
10. Cherie Craft, Founder and Chief Executive Officer, Smart from the Start (***no written testimony***)
11. Valencia Harvey
12. Elizabeth Reddick (***no written testimony***)
13. Emily Smith Goering
14. Nahlah Melaih
15. Megan Conway
16. Ashanti Paylor
17. Saliou Bah

18. Dionne Bussey-Reeder, Chief Executive Officer, Far Southeast Family Strengthening Collaborative
19. Nandi S. Barton, Thriving Families, Safer Children Planning Committee; Chair, Thriving Families, Safer Children Warmline Subcommittee (*no written testimony*)
20. Lisa Gordon (*no written testimony*)
21. Kevin McGilly
22. Deirdre Duffy, Interim Director of Supportive Services, Community Family Life Services
23. Kymberly Holmes
24. Felix E. Hernandez, Advocacy and Fatherhood Program Supervisor, Mary's Center (*no written testimony*)
25. Demetruis Harvin (*no written testimony*)
26. Marcos Martinez (*no written testimony*)
27. Christina Manzanares, Family Resource Specialist, Latin American Youth Center
28. Tina Frundt, Founder and Executive Director, Courtney's House (*no written testimony*)
29. Karen Feinstein, Executive Director, Georgia Avenue Family Support Collaborative
30. Rachel Paletta, Senior Associate, Center for the Study of Social Policy
31. Kristina Fleming
32. Ralph D. Belk, Deputy Executive Director, National Center for Children and Families
33. Dr. Sheryl Brissett Chapman, Executive Director, National Center for Children and Families
34. Dr. Kirstiaan Nevin & Dr. Sara Imershein (*for the record*)
35. Shanni Wilke (*for the record*)
36. Emily Johnson & Michelle Clausen (*for the record*)

Government Witness

1. Robert L. Matthews, Director, Child and Family Services Agency

**Council of the District of Columbia
COMMITTEE ON HUMAN SERVICES
AGENDA & WITNESS LIST
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON
COMMITTEE ON HUMAN SERVICES**

**ANNOUNCES A PERFORMANCE OVERSIGHT HEARING FOR THE
CHILD AND FAMILY SERVICES AGENCY**

Thursday, February 17, 2022

9 a.m.

Virtual Hearing via Zoom

Streamed live at <https://www.brianneknadeau.com/committee>

AGENDA AND WITNESS LIST

I. CALL TO ORDER

II. OPENING REMARKS

III. PERFORMANCE OVERSIGHT HEARING

Public Witnesses

1. Ruth Ann White, Executive Director, National Center for Housing and Child Welfare
2. Marla Spindel, Executive Director, D.C. KinCare Alliance
3. Marie K. Cohen, Child Welfare Monitor
4. Tami Weerasingha-Cote, Supervising Policy Attorney, Children's Law Center
5. Melody Webb, Executive Director, Mother's Outreach Network
6. Christian Greene
7. Donna Flenory, Chairperson of the Board of Directors, Foster and Adoptive Parent Advocacy Center
8. Fernanda Ruiz, Home Visiting Director, Mary's Center
9. Arika Adams, Executive Director, CASA for Children of D.C.

10. Ashley McSwain, Executive Director, Community Family Life Services
11. Cherie Craft, Founder and Chief Executive Officer, Smart from the Start
12. Valencia Harvey
13. Ruqiyyah Anbar-Shaheen
14. Elizabeth Reddick
15. Emily Smith Goering
16. Nahlah Melaih
17. Renee Sims
18. Megan Conway
19. Ashanti Paylor
20. Saliou Bah
21. Dionne Bussey-Reeder, Chief Executive Officer, Far Southeast Family
Strengthening Collaborative
22. Ronnie McGriff
23. Nandi S. Barton, Thriving Families, Safer Children Planning Committee; Chair,
Thriving Families, Safer Children Warmline Subcommittee
24. Lisa Gordon
25. Kevin McGilly
26. Ann-Marie Faria
27. Deirdre Duffy, Interim Director of Supportive Services, Community Family Life
Services
28. Ashley McSwain, Executive Director, Community Family Life Services
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36. Ralph D. Belk, Deputy Executive Director, National Center for Children and Families

37. Dr. Sheryl Brissett Chapman, Executive Director, National Center for Children and Families

Government Witness

1. Robert L. Matthews, Director, Child and Family Services Agency

IV. ADJOURNMENT

TESTIMONY OF RUTH WHITE, EXECUTIVE DIRECTOR
NATIONAL CENTER FOR HOUSING AND CHILD WELFARE

BEFORE THE COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON
COMMITTEE ON HUMAN SERVICES

**OVERSIGHT HEARING FOR THE
CHILD AND FAMILY SERVICES AGENCY**

COUNCIL OF THE DISTRICT OF COLUMBIA
WASHINGTON, DC

THURSDAY, FEBRUARY 17, 2022

9:00 PM

VIRTUAL HEARING VIA ZOOM

Good morning, Chair Nadeau my name is Ruth White. I am the co-founder and executive director of the National Center for Housing and Child Welfare. Thank you for inviting me to testify. It is my honor to share timely and exciting news about the Foster Youth to Independence Initiative – which synchronizes and universalizes Housing Choice Vouchers for youth leaving – and the Fostering Stable Housing Opportunities Act Amendments to HUD's Family Unification Program – which codifies the FYI distribution mechanism and offers at two year extension for youth (for a total of five years), which represent a rapid evolution in American housing policy set into motion just three years ago by young professionals all of whom are current or former foster youth.

These amendments to HUD's Family Unification Program offer CFSA and DCHA the opportunity to synchronize their resources to eliminate homelessness (and indeed the fear of homelessness) for youth aging out of their care. Many young people on the path to independence will choose options that will not require a Housing Choice Voucher. The options are as plentiful as there are youth to choose them. Options include but are not limited to dorms, the military, high-paying jobs with enough income for private housing without a subsidy, family reunification without the need independent housing, marriage, taking a gap year and traveling, and backpacking without a permanent address. Still others will be seamlessly transferred to the District of Columbia Department on Disability Services. All of these options and more fall within CFSA's transition planning with older youth.

The economic reality facing CFSA staff is that most of the youth who reach age 21 in the custody of CFSA, like most twenty-somethings, are not earning enough income (whether they are working or not) to afford fair market rent in the District of Columbia.

The codification of FYI into federal law simply fills any remaining gaps for youth who would like to have an apartment that they can call their own as a base from which to live, to work, to gain further skills through ongoing education, and to chart their future – but they need an income-based supplement to afford a private apartment.

Perhaps more importantly, the foster youth, largely from our partner agency ACTION Ohio, who wrote these amendments to FUP, intend for FSHO to eliminate homelessness from the

emancipation entirely, and instead, offer a platform for true economic security. As you will see, they've provided child welfare professionals all the tools they need towards this end – and shifting responsibility, the locus of control, and choice to the young people.

I will offer three main points in my testimony:

- **I will explain the availability of FYI and FSHO. Because this information is somewhat detailed, I have appended a number of explanatory materials to my written testimony.**
- **I will provide my thoughts on the District's delay in tapping FYI**
- **I will offer a recommendation for how to proceed.**

Please be aware that the information about the availability of FYI and FUP vouchers that I will offer today about applies to youth who aged out of CFSA's custody and have not yet reached their 25th birthday. If these young people can be located, they can be informed about the program and CFSA can determine their eligibility. If they are eligible, CFSA can refer these youth and facilitate their acquisition of the voucher and a successful lease-up. Their remaining Division X funding referenced in Report: can be used to entice landlords and private developers in new and desirable units in neighborhoods of opportunity to rent to these youth.

The Rapid Evolution of FUP and FYI from 2019 - Present

In July of 2019, HUD implemented a proposal co-authored by ACTION Ohio and NCHCW called the Foster Youth to Independence Initiative (FYI). FYI is an "on demand" distribution mechanism for youth leaving foster care. FYI perfectly synchronizes a three year FUP voucher with emancipation. In calendar year 2019, 166 vouchers were distributed to six states. At that time, HUD only invited non-FUP PHAs to apply. Thus, DCHA was left out. On October 6, 2020, HUD invited all PHAs to apply. Today, more than 2500 vouchers have been provided directly to youth in 44 states. DC is among what Diffusion of Innovation scientists would call "the Laggards" - the six remaining states who have yet to adopt this practice.

Why is DC behind?

DC is not avoiding FYI to be neglectful. Over the past 20 years I worked with CFSA under Director Donald and Gerald to prepare FUP applications. DCHA was equally enthusiastic about housing for youth and families under Michael Kelly and Adrienne Todman. In fact, as you may know, Ms. Todman is now the HUD Assistant Secretary overseeing FUP. Ms. Todman and her team recently won the Service to America Medal in Management Excellence for their commitment to FYI.

My colleague Jamole Callahan and I have met several times with CFSA Office of Youth Empowerment and briefed them on FYI. We explained that the District could now expand the pool of permanent housing options for both families and youth by tapping FYI. This is how that works: CFSA can use FUP vouchers for families and every time they need a voucher for youth, they can order a new one. They were a gracious audience. They assured us that CFSA is fully coordinated and meeting regularly housing professionals to talk through cases with an emphasis on rapid re-housing. They informed us that FYI was not necessary, but they would keep in touch.

Organizational Independence is Key

Just to be clear – ending homelessness is not about systems coordination. The concept of coordination and electronic tools, like 2-1-1, to do so have existed in social welfare policy since the turn of the century. The key to improving systems is the synchronization of need with the distribution of the right resources – not coordination.

In fact, I believe that too much systems coordination is the culprit here.

CFSA has been brought into the fold of the Interagency Council on Homelessness and these youth have been swept up into the Coordinated Entry which applies “Housing First” prioritization schema. I am a Housing First acolyte just like everyone else in the housing world. But “housing first” must mean the right housing (or services) first. We know just by driving past Union Station where a tent city has been burgeoning unabated since October 2021 that this approach is failing miserably in the District. We must not further exacerbate this bottleneck by subjecting our foster youth to it and expecting Coordinated Entry to do for them what it cannot

adequately do for chronically homeless single adults at the scale necessary to prevent the proliferation of tent cities and unsheltered homelessness.

Furthermore, Housing First professionals are will never prioritize youth leaving foster care for Housing Choice Vouchers. One can verify this claim by simply reviewing Homeward DC 2.0 which indicates the ICH's plan to tap DCHA's Housing Choice Voucher resources as the main funding source for Permanent Supportive Housing and increasingly to rescue desperate households from the poorly constructed Rapid Rehousing Program. This unwillingness to tap FUP and FYI for families and youth are in keeping with a national pattern to on the part of Coordinate Entry professionals to divert families and youth from the Housing Choice Voucher program. Here again, the evidence to support this claim can be found in HUD's Picture of Subsidized Housing Report which reveals that families with children have lost 30% of their share of HUD's permanent housing portfolio since Housing First targeting to chronically homeless households was codified into federal law in 2009.

The CFSA Oversight Report indicates that only young person of the 48 youth who aged out from CFSA custody during the oversight period received a housing choice voucher from DCHA. Instead the youth in need of housing assistance were diverted to rapid re-housing. Sadly, even the families were when FUP would have been a better plan. The report indicates that three families were referred to Rapid Rehousing and they were rejected – when they could have used one of the available 85 or so available FUP vouchers. According to the public-facing HUD Housing Choice Voucher Dashboard, as of November 2021, DCHA had 421 vouchers with 336 in use (or a utilization rate of 80%).

How to move forward.

The good news is that CFSA can easily be disentangled from the ICH and Coordinated Entry and now is the perfect time. Using their existing MOU, DCHA can accept referrals for any families in need of housing to reunify or to prevent separation. Additionally, CFSA can serve youth with the remaining FUP vouchers. As I said earlier in my testimony, this includes the young people referenced in the report who are currently struggling with housing stability or homelessness who have not yet reached their 25th birthday. When DCHA reaches a utilization rate of 90 percent or

better, if they need more vouchers, they simply must ask HUD for more through the FYI distribution mechanism described in the Non-Competitive Notice (PIH 2021-26). These vouchers can be drawn down with a letter of intent – and MOU is not necessary to meet the “Partnership Agreement” standard.

More good news. CFSA can fully implement FSHO and enroll every young person in HUD’s Family Self-Sufficiency Program. Like its neighbor to the north, Prince George’s County, DCHA can begin to regularly encourage all FUP/FYI youth to work and then reward them for doing so by banking the increases in their rent. This presents an exciting opportunity to close the racial wealth gap in the DMV. While nationally 75% of youth who age out of foster care without securing permanency through adoption or reunification are non-white. In DC, all of the young people who age out into adulthood alone are BIPOC youth. Offering all of these young people housing as a platform for economic success and a true means to build wealth is a goal that I think we all share.

And a final recommendation if I may. I noted that there is a surplus of the Division X funding provided to CFSA to support older youth during the pandemic. I recommend that CFSA use a sizable portion of that surplus to entice and recruit landlords financially for renting to youth with FYI and FUP vouchers in communities of opportunity in DC. Additionally, Mayor Bowser must demand that every developer in the city offer new units to one of these youth aging out of foster care. They must do this separate and apart from LIHTC deals and MPDU-like scenarios. Developers must agree to play a role in sharing these spaces with youth who were not just raised in DC but raised *by* DC. Youth, in turn will do their part by being great neighbors and help to build the future of their city and their home.

This is a very exciting time to be part of the housing conversation and we are here with this solution at our disposal because the youth were kind enough to share their expertise. Like seasoned ethnographers, these youth faced the intersection of adulthood and alone and came back to us to report their findings. And they expect us to take this knowledge and create a platform for economic independence and restore control and prosperity to the foster youth themselves. Thank you and I’m happy to take questions.



FYI and FSHO Youth Partnering with HUD in 2022

To use housing as a platform for economic success



The Evolution of FSHO 1990-2019

Youth added to FUP

Senators Murray & Bond add youth as an eligible population to FUP at the request of the CWLA YAC.

1990

FUP-FSS Demo

Sen. Murray creates the FUP-FSS Demo allowing youth to extend FUP vouchers for two years by enrolling in FSS.

2014

FUP Youth Study

HUD-funded study reveals serious synchronization problems with FUP for youth which deter PHAs and youth from participating.

TPV, FUP, FSS

Pres. Bush signs the Cranston Gonzalez Affordable Housing Act establishing FUP in Tenant Protection Account and codifies "Operation Bootstrap" as the Family Self Sufficiency Program. CWLA/APHSA/CDF

2000

FSHO Introduced

Reps. Turner & Bass work with youth to design & introduce HCV guarantee for foster youth

2016

HOTMA passes

Rep. Leutkemeyer extends FUP from 18 to 36 months for youth, Allows project-basing of FUP vouchers.

2015

First FYI vouchers

HUD begins distribution of vouchers through FYI. Limits implementation of youth's "on demand" proposal to non-FUP PHAs only. The first 166 vouchers are distributed in six states by October 31, 2019.

2019

FYI Begins

ACTION Ohio & NCHCW inform HUD of the Sec. regulatory authority to implement offer FUP 'on demand.' Sec. Carson agrees and implements FYI on July 26, 2019. HUD field offices, NCHCW, & ACTION Ohio begin training youth & professionals about FYI.

2017



The Evolution of FSHO 2019-present

FSHO passes House

In November of 2019, FSHO legislation passes the House by a voice vote and receives a favorable hearing in the Senate Banking Committee.

Nov
2019

FSHO becomes law

FSHO signed into law under PL 116-260 on December 27, 2020. HUD begins to prepare the regulations based on FUP amendments.

Oct
2020

Dec
2020

HUD wins Sammie

NCHCW & Action Ohio nominate PIH for the Service to America Medal in January and they accept the award in October!

Jan
2021

Oct
2021

The Future of FSHO

Implementation and expanding access to FSS. Working together to expand Implementation

2022

FYI open to all PHAs

Appropriators add the FYI "on demand" distribution mechanism to FUP appropriations for youth, thus creating a "competitive" and "non-competitive" distribution option for PHAs via Consolidated Appropriations Act of 2019 (PL 116-6)

HUD expands FYI

HUD issues PIH 202-28 inviting all PHAs to apply for vouchers in large increments. Line items co-exist

FYI expands to 44 states

HUD issues competitive and non-competitive funds from FY 2020 appropriations. 1500 on demand, 1500 competitive (roughly) vouchers distributed in September 2021.

FSHO Amendments Published

HUD promulgates FSHO rules in the Federal Register on January 24, 2022, codifying the FUP-FSS Demonstration and FSHO.

HUD'S FOSTER YOUTH TO INDEPENDENCE (FYI) INITIATIVE EMERGED FROM THE FSHO COALITION

- **The Fostering Stable Housing Opportunities (FSHO) Coalition, led by ACTION Ohio, includes more than 55,000 foster care alumni and allies.**
- **The Coalition works in partnership with the National Center for Housing & Child Welfare, foster youth champions on the Hill such as Reps. Turner and Bass, and Dr. Ben Carson and his team at HUD to synchronize existing federal programs to eliminate the gaps through which foster youth fall into homelessness.**
- **FSHO capitalizes on the best services that child welfare and housing agencies have to offer – as well as the industriousness of the youth themselves.**



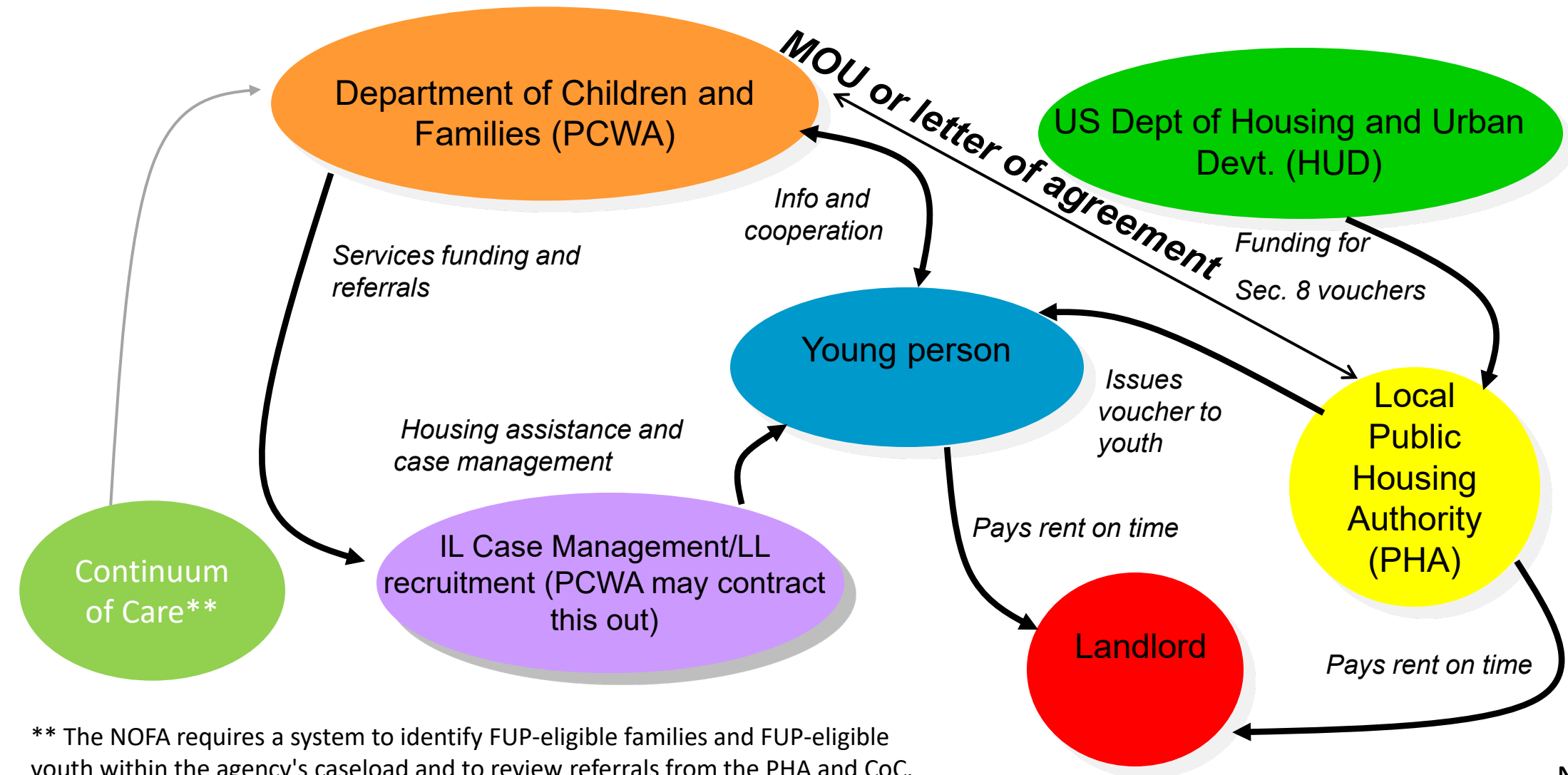
What is the difference between FUP and FYI?



	FUP		FYI	
	FUP Families (estb. 1990)	FUP Youth (pre Oct. 2020)	FYI TPV (estb. 2019)	FYI (estb. Oct 6, 2020)
	Purpose	Family Preservation/Reunification	Ease the transition to adulthood & independence	Ease the transition to adulthood & independence
	Eligible Households	Families for whom housing is a primary risk for separation or barrier to reunification	Youth 18-25* who are homeless or at risk of homelessness, including parenting youth	Youth 18-25* who are homeless or at risk of homelessness after age 16, including parenting youth
	Time limit	No limit if family is income eligible	36 months	36 months
	Services	Recommended for a year (post placement in housing), FSS encouraged.	Chafee-like IL 36 months, FSS encouraged	Chafee-like IL 36 months
	Eligible PHA	ACC	ACC, does not administer FUP	ACC
	Distribution	Competitive NOFA. Do not sunset. Can be reallocated if PHA no longer needs for families or youth elsewhere. Has a “waiting list” provision.	Non-Competitive (“on demand”), drawn from Tenant Protection Act, sunset	Non-Competitive (“on demand”), do not sunset but can be reallocated – youth only. Adds a “waiting list” provision but it’s a formality.
	Notice length	47 Pages (link)	10 Pages (link)	12 Pages (link)



FYI Agency Partnership (based on FUP)



** The NOFA requires a system to identify FUP-eligible families and FUP-eligible youth within the agency's caseload and to review referrals from the PHA and CoC.

IL coordinator (or POC) and young person file FUP paperwork with PHA POC about 3- 6 months prior to leaving care

PHA requests FYI voucher(s) from HUD (HUD-52515)

HUD



HUD dispenses the funds "on demand" (ACC)

The Public Housing Authority

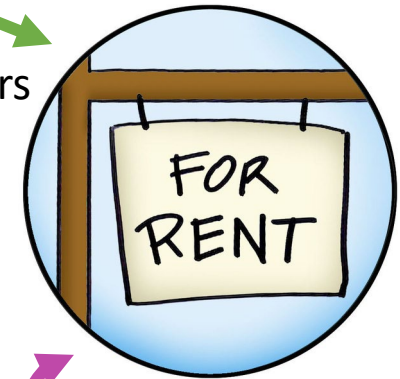


PHA Waiting List



*FSHO is conducted without further disadvantaging waiting list households

The PHA administers FYI to landlord and youth



PCWA assists with landlord recruitment and positive youth development services for the duration of the voucher (36 months)

The Public Child Welfare Agency Independent Living Coordinator



Funding source for housing options for youth under the age of 21 should be drawn from state and federal child welfare funds. HUD funding must not supplant funds available for foster care placements.

Funding Source is Housing Choice Voucher

Chafee IL Program

age 16 17 18 19 20 21 22 23 24 25 26

Independent Living

Foster Care
Kinship Care
Host Homes
Group Home
Homelessness
RHYA TLP
Other RHYA
Dual Juvenile Justice

In VPA states, Title IV-E can be used to extend foster care placements including rental assistance in private apartments, ongoing case management, and savings accounts. Per ACYF guidance, youth must work or go to school 80 hours per month to remain eligible.

Chafee Independent Living Assistance can be used to support case management, job training, transportation assistance, emergency cash assistance for youth until the age of 23 per the Family First Act. Chafee does not have a work requirement. ETVs were extended to 26 per FFPSA as well.

For a youth transitioning to HCV, this funding can also be used for first month's rent, security deposit, furniture, moving costs, and landlord recruitment.

HCV for youth drawn from FUP or TPV, Title IV-E self sufficiency efforts are maintained. Chafee IL services continue through age 23 to assure youth's momentum towards self-sufficiency. All youth interested in FSS are offered spots when available at the PHA. Young people in non-FSS jurisdictions are connected to local CAP agency.

- Private apt
- LIHTC
- Permanent Supportive Housing
- Roommate
- Other subsidy
- Adult Services

** the young person and the public system have had, at this point, potentially as many as ten years to plan for the transi-

What is the status of DC's FUP vouchers?

The HCV Data Dashboard

The date of the current dashboard data may be found on the dashboard pages.

- HUD has offers tools to help the general public locate PHAs and understand the number and type of vouchers available
- Visit the [Housing Choice Voucher Dashboard](https://www.hud.gov/sites/dfiles/PIH/documents/PHA_Contact_Report_MD.pdf) to view vouchers at all PHAs (except "Moving to Work" agencies).
- List of PHAs and contact info: https://www.hud.gov/sites/dfiles/PIH/documents/PHA_Contact_Report_MD.pdf
- DCHA has roughly 85 vouchers available. Once the PHA reaches a 90% utilization rate, they can order more vouchers, as needed on demand for youth.

HCV - Special Purpose Vouchers

Current Special Purpose Voucher Utilization as of November 2021. Special Purpose Vouchers are included in the ACC of a Public Housing Authority with the exception of Mainstream.

Select a State: All | Select a Public Housing Authority: DC001 - D.C. Housing Authority | MTW?: All | Clear All Filters: [X] | Data is current as of November 2021.

Mainstream Vouchers

PHA Name	PHA Code	MS Total Effective Awards	MS Total Leased	MS % Leasing
D.C. Housing Authority	DC001	90	38	42.22%
Total		90	38	42.22%

Family Unification Program Vouchers (FUP)

PHA Name	PHA Code	FUP Total Effective Awards	FUP Total Leased	FUP % Leasing
D.C. Housing Authority	DC001	421	336	79.81%
Total		421	336	79.81%

Non-Elderly Disabled Vouchers (NEDs)

PHA Name	PHA Code	Total NED Awards	Total NED Leased	NED Leasing %
D.C. Housing Authority	DC001	547	384	70.20%
Total		547	384	70.20%

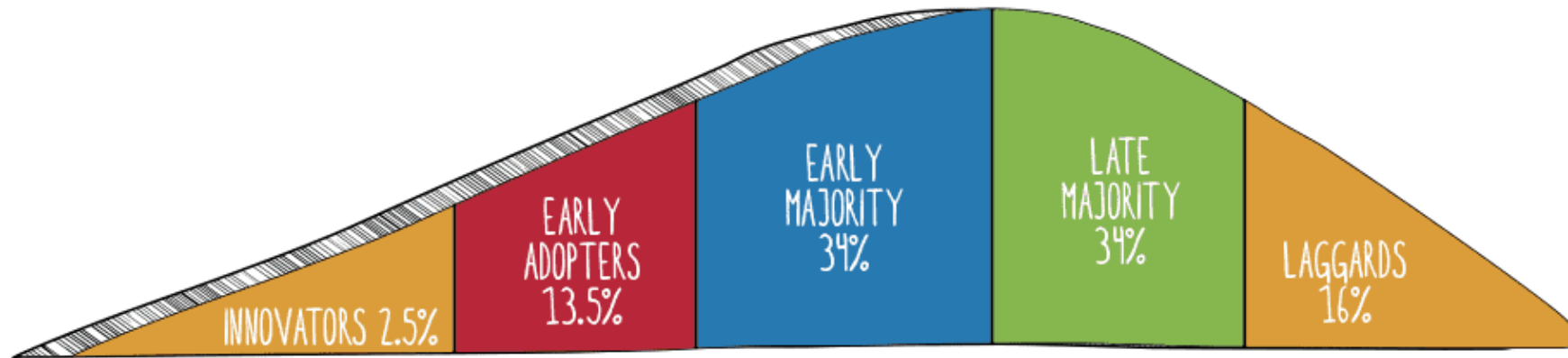
Veterans Affairs Supportive Housing Vouchers (HUD VASH)

PHA Name	PHA Code	VASH Total Effective Awards	VASH Total Leased	VASH Leasing %
D.C. Housing Authority	DC001	1,142	1,010	88.44%
Total		1,142	1,010	88.44%

Microsoft Power BI | 7 of 14

FYI moved steadily along the Innovation* Curve

DIFFUSION OF INNOVATION MODEL

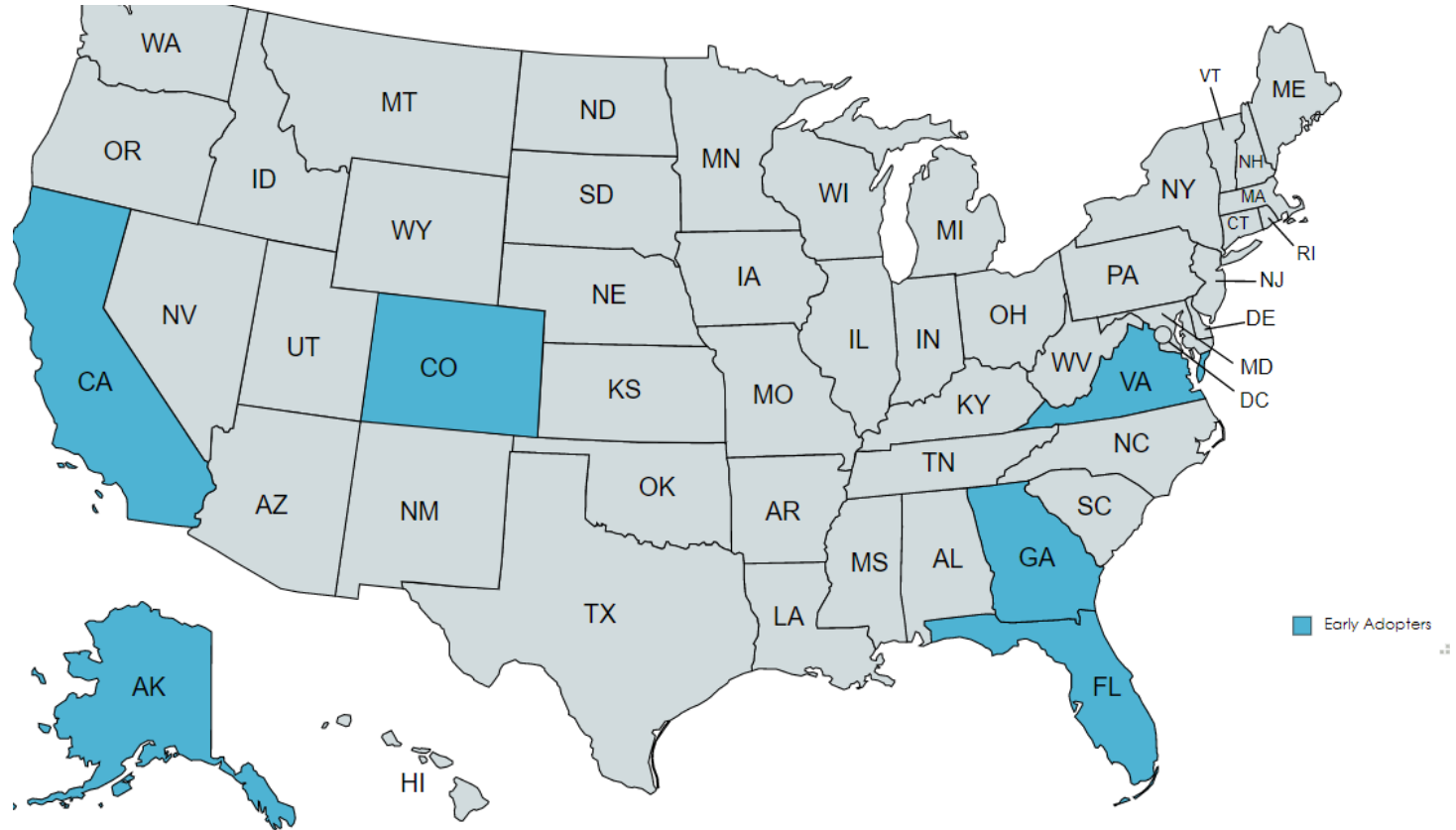


ESSENTIAL MARKETING MODELS [HTTP://BIT.LY/SMARTMODELS](http://bit.ly/smartmodels)

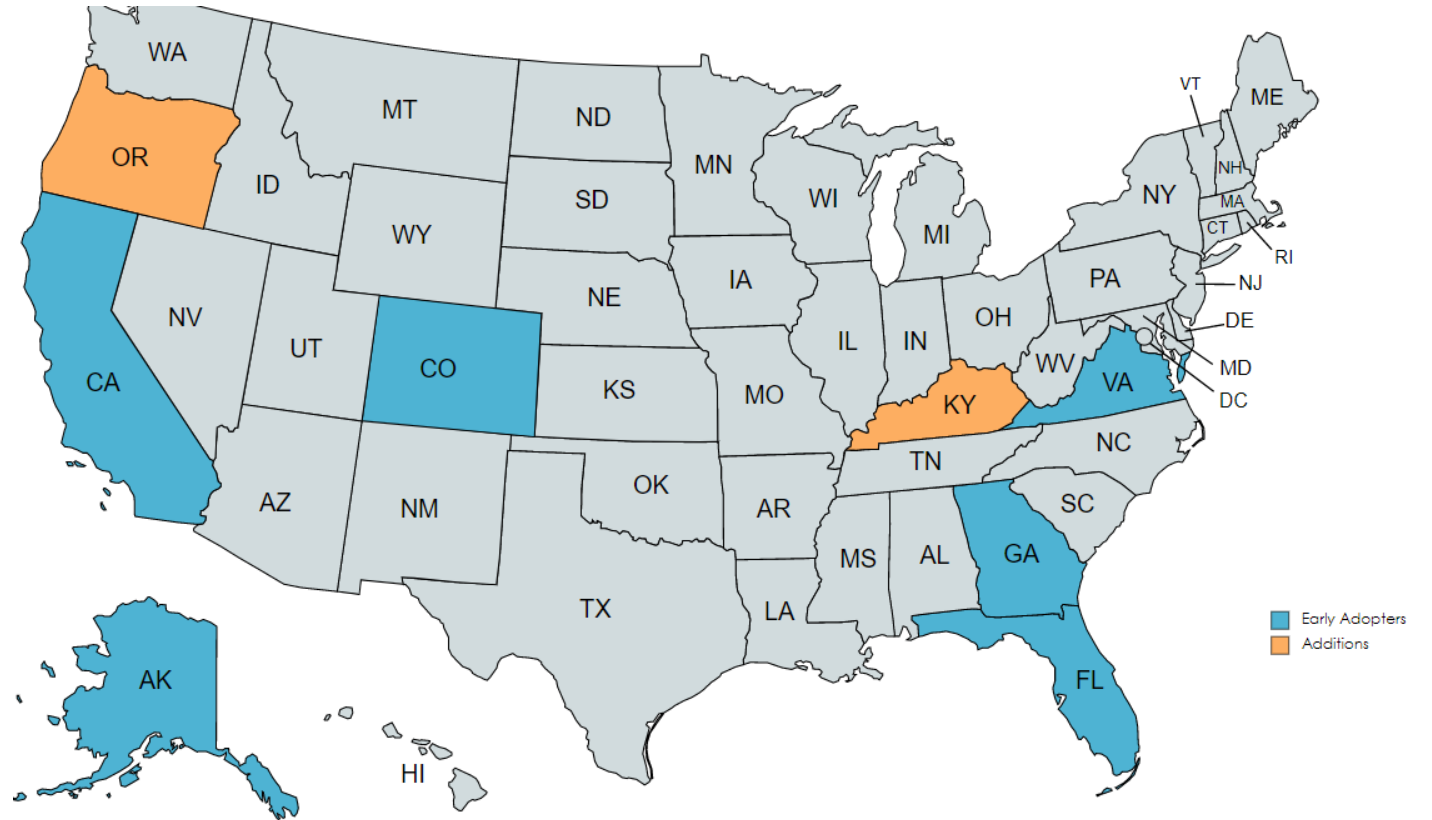


The Six FYI Innovators- October 31, 2019

- Alaska
- California
- Colorado
- Florida
- Georgia
- Virginia



January 14, 2020



The Early Adopters

- Kentucky
- Oregon

Total = 8

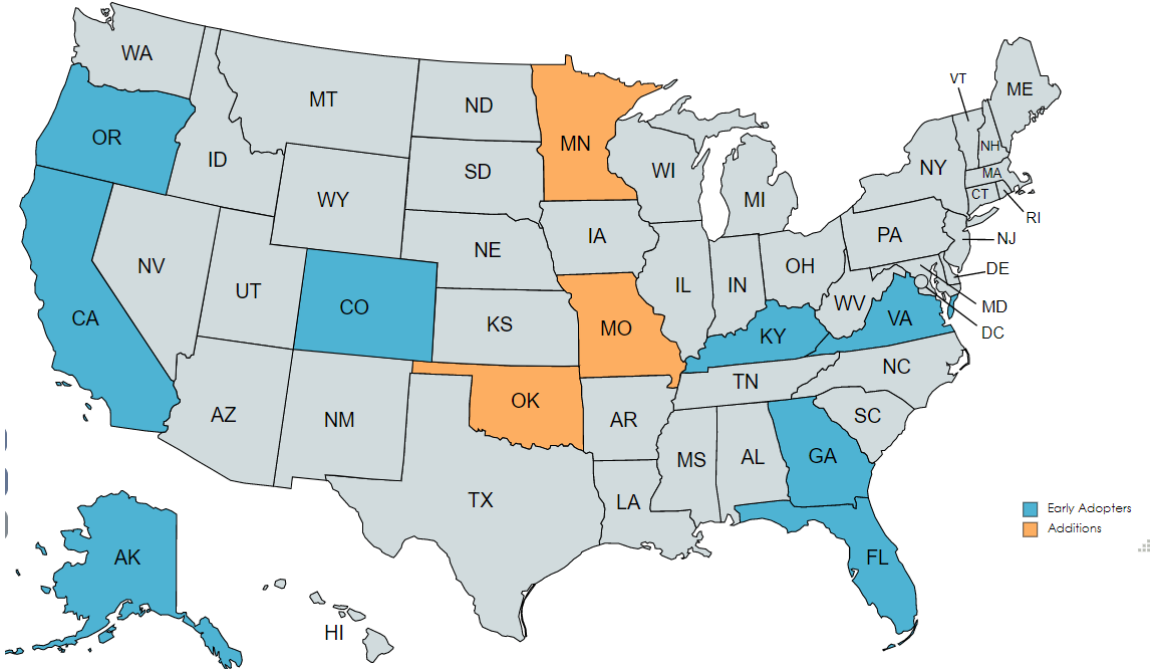


February 6, 2020

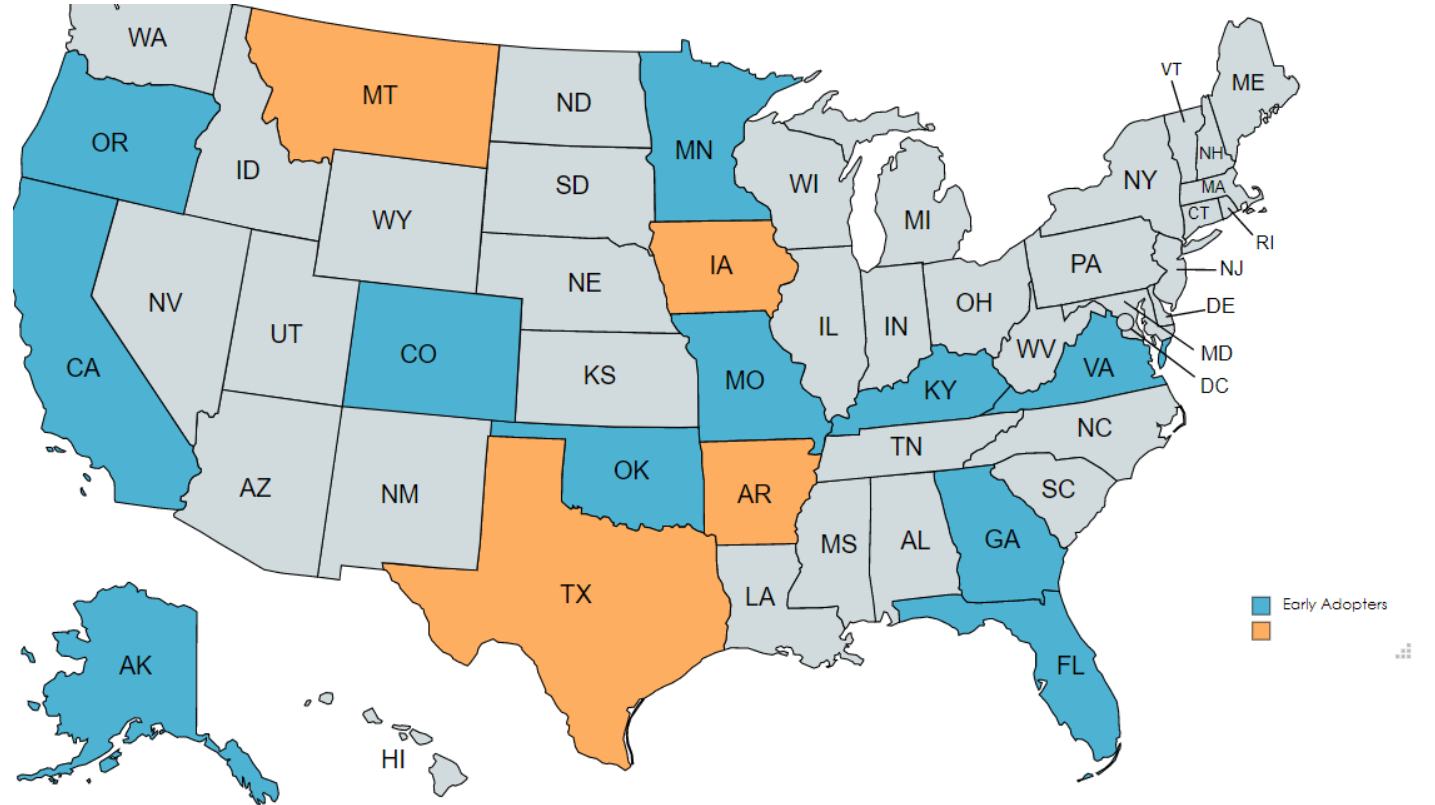
Added three more early adopters

- Minnesota
- Missouri
- Oklahoma

Total = 11



March 5, 2020



Added four more early adopters

- Arkansas
- Iowa
- Montana
- Texas

Total = 15

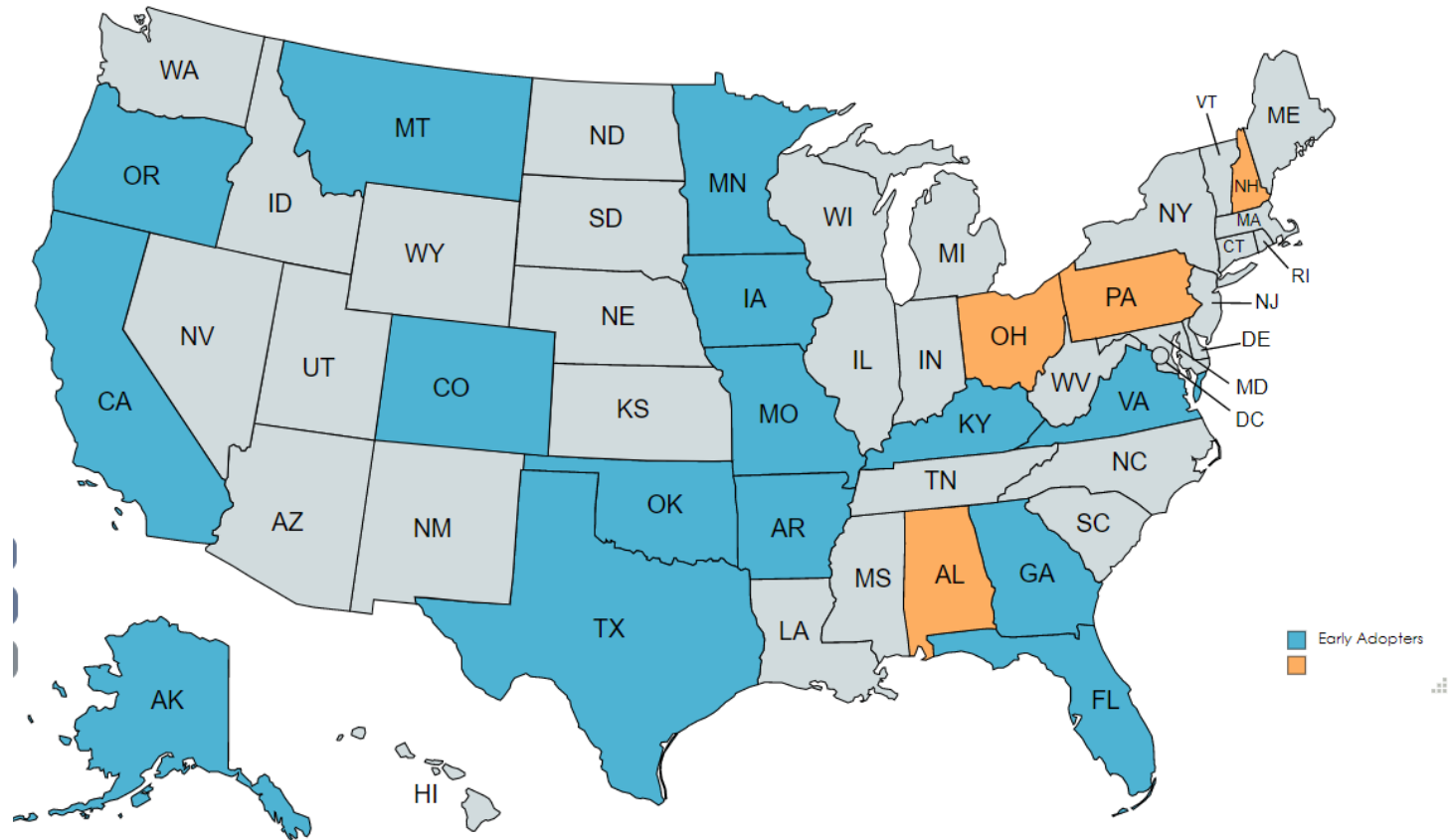


March 31,
2020

The early majority

- Alabama
- New Hampshire
- Ohio
- Pennsylvania

Total = 19
states



Added two more to the early majority

- Total = 21 states

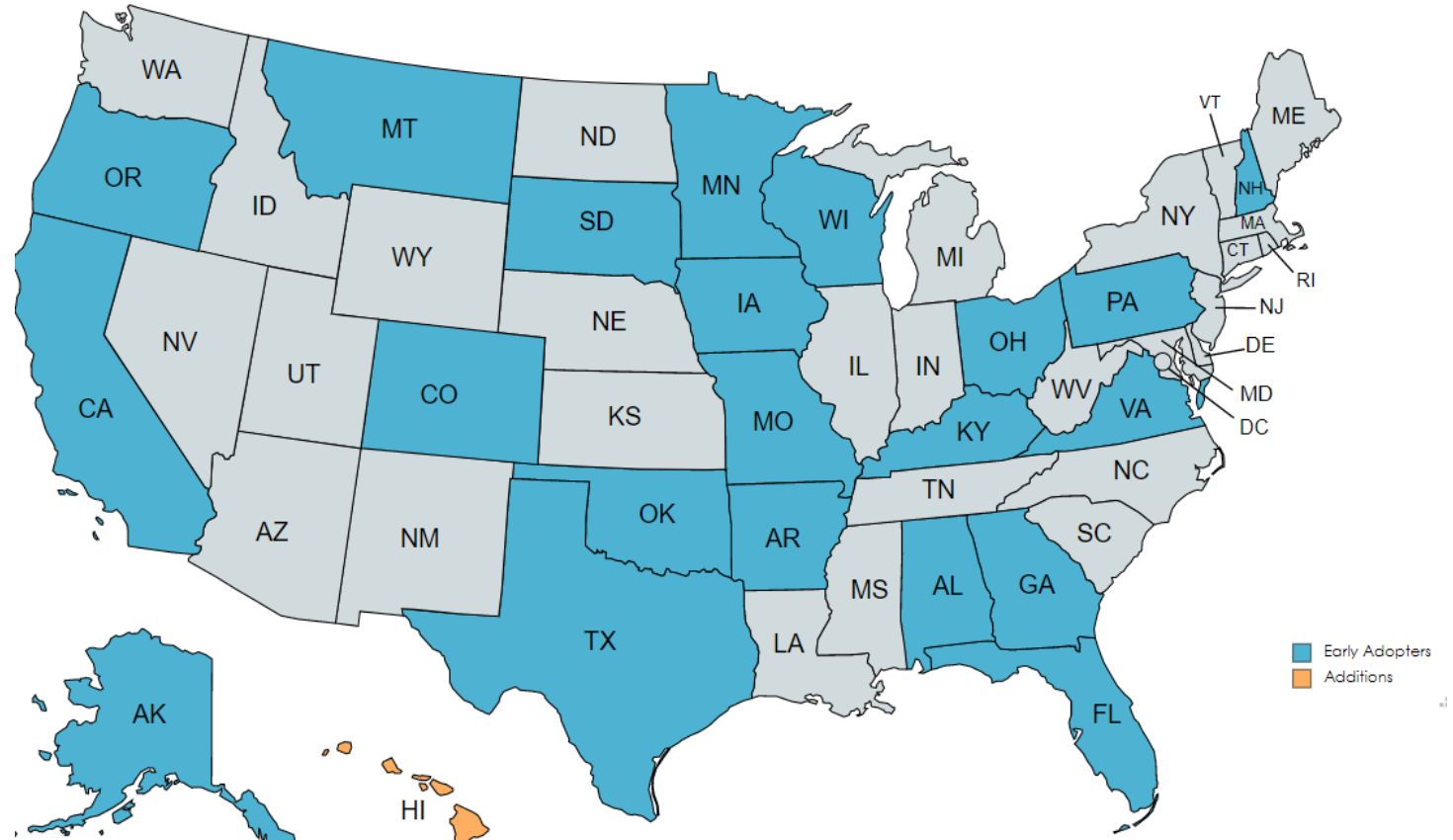


June 8, 2020

Added the early majority

- Hawaii

Total = 22 States

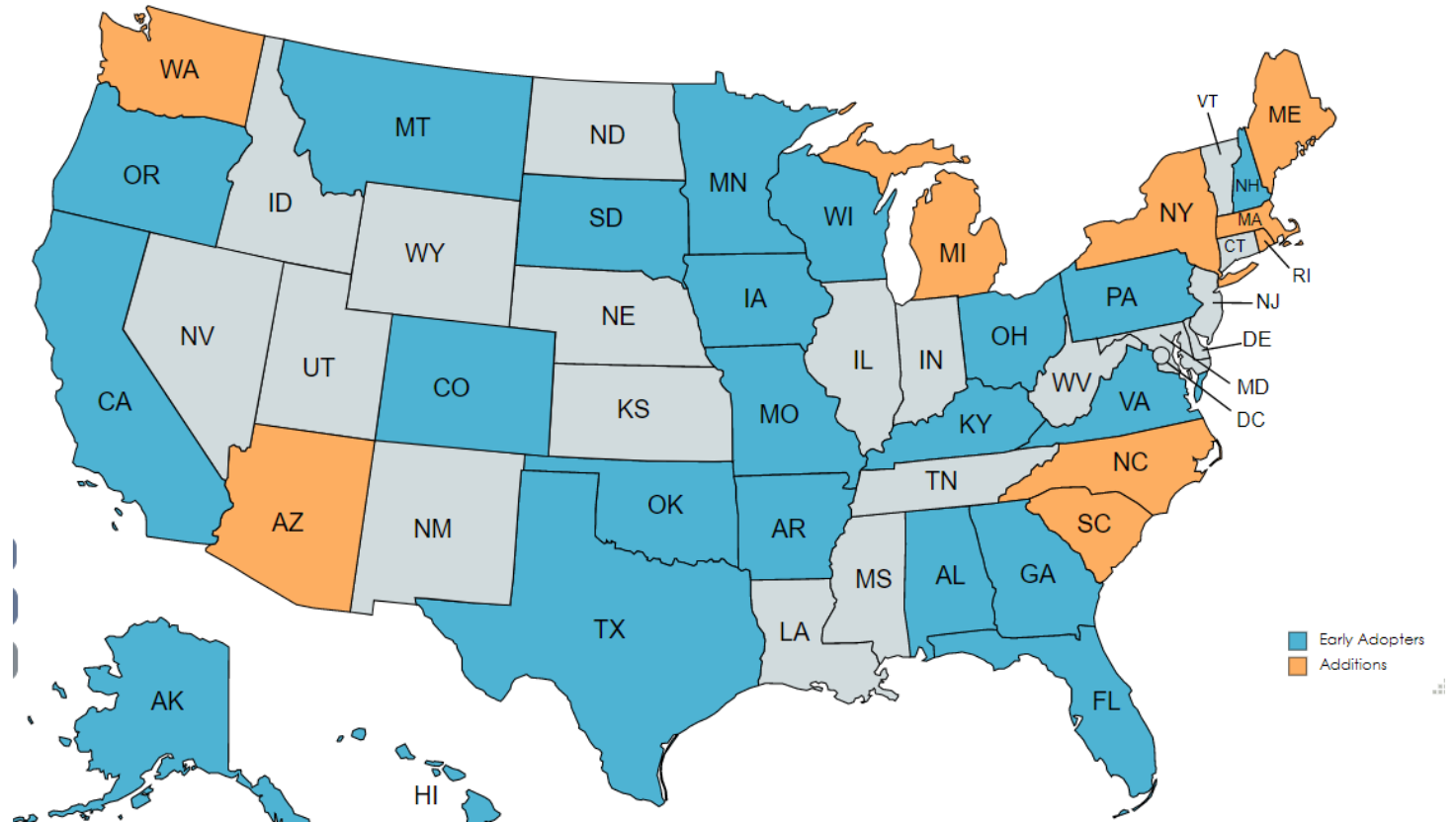


November 17, 2020

Total = 31 States

Added to nine late majority

- Arizona
- Massachusetts
- Maine
- Michigan
- North Carolina
- New York
- Rhode Island
- South Carolina
- Washington



Diffusion of FYI today

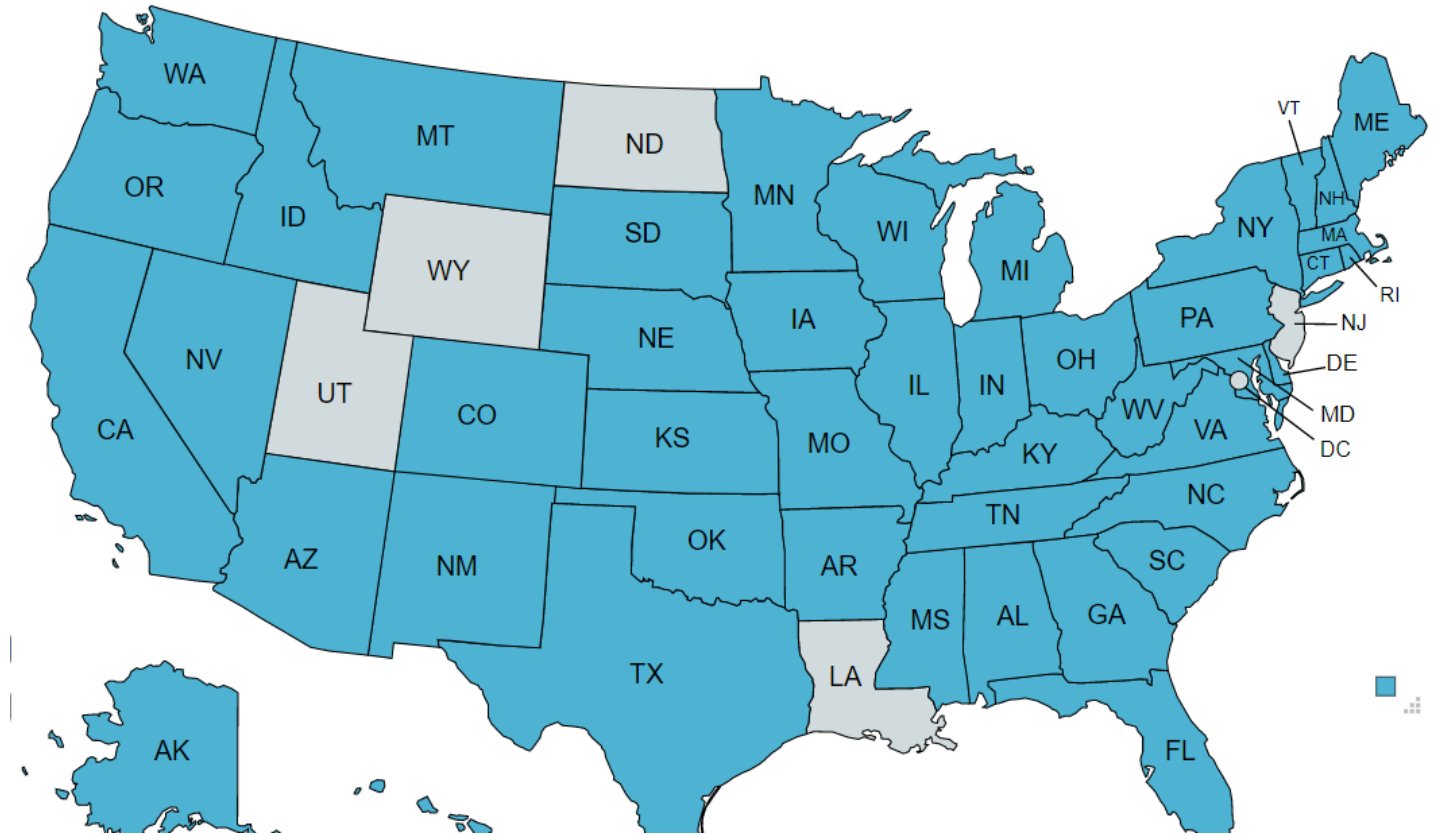
February 2022

All but six states (the laggards) have requested vouchers through FYI (from what we understand).




All communities in the US are eligible to request FYI vouchers on demand if needed.

The good news is that Diffusion of Innovation science indicates that the “laggards” profit from their peers’ accumulated experience and tend to move immediately to full-scale adoption.

Total = 44 States



What does FSHO is universal, predictable, & synchronized

-  FSHO eliminates geographic disparities and makes FUP **universal**. FSHO amends FUP to ensure that vouchers are provided to youth regardless of where they live. Under FSHO, any public housing authority in the US capable of administering Housing Choice Vouchers can now administer FUP vouchers for youth.
-  FSHO makes FUP **predictable**. Under FSHO, child welfare independent living coordinators may request vouchers from their local public housing authority “on demand” so that access to a FUP voucher is timed with each young person’s transition plan. Vouchers can be ordered in time for emancipation from care (around age 21) or whenever access it makes the most sense for youth who at risk of homelessness. That is why FUP eligibility extends to age 24 (25th birthday). With this predictability, foster youth no longer need to fear homelessness.
-  FSHO allows public child welfare agencies to work in tandem with their public housing authority partners – only ordering an administering vouchers when they are needed. This local-level partnership **eliminates the obvious gaps** through which nearly 5,000 foster youth fall into homelessness each year. FSHO ensures that the distribution of FUP vouchers is **synchronized between systems**.



FSHO extends the runway to economic success

- h FSHO **extends the runway to independence** for all youth who are interested in more time to prepare. FSHO offers participants in FUP (who received their vouchers **after December 27, 2020**, the day the President signed FSHO into law) the opportunity to earn an additional two years of housing assistance if they choose to do so. Options to extend FUP include, working, attending school (9 months out of the year), or enrolling in HUD's Family Self-Sufficiency Program (FSS).
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- h FSHO offers **generous exemptions for the purpose of extending assistance**. Youth who are parenting a child younger than age six or caring for a person who needs special attention (referred to as an "incapacitated person") can extend their voucher without meeting any requirements. Youth who have a medical condition can also avoid going to work or school. Finally, youth who are battling an addiction that prevents them from working or going to school are eligible for an additional two years of assistance.
-
- h One way that youth can extend FUP to a total of five years is to enroll in HUD's Family Self-Sufficiency Program (FSS). FSS is a 30-year-old program that **rewards work & asset-building**. FSHO **closes the racial wealth gap**. Children of color are disproportionately represented in foster care compared to white children – and shockingly that disproportionality *increases as youth move towards adulthood in the system* because fewer BIPOC youth find any kind of permanency before aging out. As a result, 75% of youth leaving foster care as adults are BIPOC youth. FSHO aims FSS at youth leaving foster care because this tactic achieves racial equity in the distribution of HUD resources without running afoul of HUD's fair housing parameters.



Questions for Comment

Question for Comment 1.

“In order to receive an extension of FUPY/FYI assistance, should the cut-off for requiring a youth to enroll in the FSS program be the 36-month mark or is a different cut-off more appropriate based on the requirements of the FSS program?”

Question for Comment 2.

“Should HUD establish a minimum number of classes or credits that a youth must be enrolled in or a minimum number of hours that a youth must work in order to receive an extension of FUPY/FYI assistance under this provision?”

Question for Comment 3.

“Should HUD establish a maximum number of classes or credits or a maximum number of work hours that a PHA may require in order for a youth to receive an extension of FUPY/FYI assistance under this provision?”



The future of FSHO: Flat Rent, Max Escrow

The Family Self-Sufficiency (FSS) Program is HUD's "best kept secret" but it does have some long-standing flaws. Our FSHO Flat Rent proposal will erase those flaws for foster youth first with an eye toward the future

- FSS is a wonderful program, but it contains a few easily addressed flaws
 - FSS is not available at every PHA
 - Youth who are already working when they enroll have less time/ability to build escrow
 - FSS is not synchronized with Chafee and ABLE accounts, other efforts within child welfare
- Thus, we propose
 - Universal availability of FSS to FYI/FUPY youth
 - Assign a flat rent of \$50 upon COP signing.
 - The total tenant payment is matched in escrow from the date of COP minus \$50
 - This is has the potential for an escrow account in excess of \$6,000



HOUSING AS A PLATFORM FOR ECONOMIC SUCCESS for FOSTER YOUTH

“They say home is where your heart is. Try to live without a heart. Having a place to call my own, finally gave me a feeling of being stable, and being protected. A sigh of relief.”

- Antonio, FYI Participant, Ohio.

For many years [as required by law](#), state and county Independent Living Supervisors, have revised and extended a robust menu of self-sufficiency services to prepare foster youth over age 14 for success in adulthood. As a result, many young people “age out” of foster care and go on to college, the military, find gainful employment, and take an infinite variety of exciting paths. All but three states (Kentucky, Rhode Island, and Nevada) offer youth the opportunity to participate in extended foster care up to the age of 21 in a variety of developmentally appropriate placements (including independent apartments). Furthermore, the Families First Prevention Services Act allows all states to receive federal reimbursement through [“Chafee”](#) funding for independent living services and supports to help youth move towards independence through age 23.

Despite this laudable progress in child welfare practice, foster youth and the professionals charged with their care continue to be faced with an [alarming lack of standardization of housing options to ease the transition to adulthood](#). When offered, housing options tend to be offered in a frustratingly unpredictable manner. This lack of standardization and predictability is trauma-inducing, stymies basic planning efforts, and consigns nearly **25 percent of the 17,000 who emancipate or “age out” from foster care to homelessness annually** ([U.S. Children’s Bureau, 2020](#); [NCHCW, 2018](#)).

[Fostering Stable Housing Opportunities Act \(FSHO\)](#) ends homelessness for youth leaving care

In 2017, youth studied best practices in the field of independent living programs for youth dating back to the early 80sⁱ, reviewed [twenty years of academic research illuminating obvious and persistent system-level failures](#) and took matters into their own hands. Led by foster care alumni from [ACTION Ohio](#), Youth Advisory Boards nationwide worked with Congress, the U.S. Department of Housing and Urban Development, [NCHCW](#), [PHADA](#), and the [Center on Budget and Policy Priorities](#) to synchronize existing federal programs to facilitate transition planning and eliminate the yawning gaps through which nearly 5,000 youth fall into homelessness each year.

[The Fostering Stable Housing Opportunities Act \(FSHO\) which became law on December 27, 2020](#) synchronizes [HUD’s Family Unification Program for youth \(also known as the Foster youth to Independence Initiative\) or “FYI/FUP”](#) for all youth at risk of homelessness upon emancipation. Child welfare staff nationwide can now work in partnership with their local PHA staff to access a three-year voucher, if needed, “on demand” timed with a young person’s plan to rent their own apartment (at any point prior to their 25th birthday)ⁱⁱ. If a youth voluntarily enrolls in [HUD’s Family Self-Sufficiency Program \(FSS\)](#) or a similar program (if FSS is not yet available at a PHA), they will be rewarded for increasing their income and extend their voucher for an additional two years (for a total of five). FSS participants bank increases in their rent into an “escrow” account – allowing youth to build wealth, plan for their future, and move towards true economic independence.






To ensure that youth have access to this guaranteed, universal option to rent permanent housing of their own, we must all familiarize ourselves (and others) with the basics of [Foster Care Transition plans](#)ⁱⁱⁱ and HUD’s thirty year old Family Unification Program. In this Fact Sheet, we offer an overview of FUP/FYI eligibility and how to access the program through a local level partnership between public child welfare agencies and local public housing authorities.

[Basics of the Fostering Stable Housing Opportunities Act \(FSHO\)](#)

It is important to keep in mind, that while FSHO represents a major shift in American social policy, it does not create a NEW program. FSHO simply amends and synchronizes HUD’s thirty-year-old Family Unification Program with child welfare transition planning efforts and eliminates geographic disparities. FSHO also codifies HUD’s FUP-FSS Demonstration Program which was established in 2016. The FUP-FSS Demonstration allows PHAs to enroll youth in FSS

to work with a coordinator to develop a plan for economic self-sufficiency, create an escrow (savings) account designed to reward participants for increasing their earned income, and extend their FUP vouchers by two years for a total of five.

The basic components of FSHO are below as follows (per [Federal Register Notice 87 FR 3570](#)):

-  Streamlines access to FUP/FYI vouchers for all Public Housing Agencies (PHAs) capable of administering housing choice vouchers, making it possible to serve foster youth regardless of where they live in the country.
-  Codifies FUP eligibility for youth ages 18-24, who are planning to transition out of foster care, and are at risk of homelessness. Though FSHO is not intended to turn FUP/FYI into emergency housing solutions (in fact it is designed to eliminate the need for youth to operate in a state of crisis), youth who are at risk of homelessness at any point prior to the age of 25 are eligible.
-  Extends a FUP/FYI voucher for up to an additional 24 months as they are working toward self-sufficiency, including participating in a Family Self-Sufficiency program, workforce development training, or pursuing a degree or postsecondary credentials with exceptions for youth with medical conditions, children under 6, and active participation in treatment if an addiction prevents a person from working or going to school.
-  Requires coordination between PHAs and Public Child Welfare Agencies to identify eligible recipients and help housing agencies to connect youth to self-sufficiency services.
-  Requires PHAs to submit information to the Secretary to monitor program outcomes

What is the Family Unification Program and how does FSHO/FYI streamline it?

HUD's Family Unification Program (FUP) is **the only national housing program aimed at preventing family separation due to homelessness and easing the transition to adulthood for aging-out youth**. HUD provides Housing Choice Vouchers ("Section 8") to local public housing authorities (PHAs) who apply to administer the program. These PHAs are then required to work in partnership with the local public child welfare agency to identify youth and families to refer to the program. FUP has existed since 1990 for families and youth were added as an eligible population in 2000. However, FUP is only available sporadically and distributed haphazardly to PHAs. **FSHO legislation was written to correct these flaws.**

While waiting for FSHO to pass Congress, ACTION Ohio and NCHCW met with the HUD Secretary and the leadership team in March 2019 to point out that the HUD Secretary had the authority to implement many components of FSHO through HUD's ultra-flexible Tenant Protection Fund (for which FUP has been an eligible use since 1990). HUD leadership agreed and immediately established the "Foster Youth to Independence Initiative" in July 2019. In October 2020, Congressional Appropriators adopted the FYI "on demand" or "non-competitive" distribution mechanism for FUP. FUP also remains an eligible use of the Tenant Protection Funds. Thus, since 2019, PHAs nationwide have taken advantage of both the competitive and the non-competitive process to provide a permanent housing to more than 3,000 youth.

[By establishing FYI in 2019, Sec. Carson provided communities nationwide with proof of concept and a two-year head start on the implementation of FSHO.](#) Foster youth who reach adulthood alone in care no longer need to fear homelessness. To learn more about how to make sure your community is prepared to offer this resource, please visit www.hud.gov/fyi www.nchcw.org/fyi or www.fosteractionohio.org.

ⁱ For a thorough overview of best practices for independent living for youth, please read Mark Kroner's seminal work, "[Housing Options for Independent Living Programs](#)" published in 1998 by CWLA Press.

ⁱⁱ HUD Notice PIH 2020-30 Extends the CARES Act Covid-19 Waiver allowing youth to be referred to FYI and FUP through their 26th birthday. The waiver is set to expire on June 30, 2020

ⁱⁱⁱ For an excellent overview of basic Foster Care Transition Planning, please see the "Transition Plan Toolkit" prepared in "The U.S. Department of Education (ED), in partnership with the U.S. Department of Health and Human Services (HHS), the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Transportation (DOT), the U.S. Department of Labor (DOL), and youth and practitioners involved in the child welfare system, developed this toolkit to help youth access the resources needed to successfully transition into adulthood, continue on to postsecondary education, and meaningful careers." <https://www2.ed.gov/about/initis/ed/foster-care/youth-transition-toolkit.pdf>



OFFICE OF PUBLIC AND INDIAN HOUSING

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-5000

Special Attention of:

Directors of HUD Regional and Field
Offices of Public Housing;
Agencies that Administer the
Housing Choice Voucher Program

Notice PIH 2020-28

Issued: October 6, 2020

Supersedes: PIH Notice 2019-20 (HA)

This notice remains in effect until amended,
superseded, or rescinded

Cross References: PIH Notice 2009-08,
Further Consolidated Appropriations
Act, 2020 (Public Law 116-94), enacted
on December 20, 2019

Subject: Foster Youth to Independence Initiative

1. **Purpose.** Through the Foster Youth to Independence (FYI) initiative HUD will provide Housing Choice Vouchers (HCVs) for youth eligible under the Family Unification Program (FUP), subject to availability. Throughout this notice, these vouchers are referred to as FYI vouchers.

The Further Consolidated Appropriations Act, 2020 (Public Law 116-94), referred to hereafter as “the 2020 Act,” enacted on December 20, 2019, provides that up to \$10 million shall be available on a non-competitive basis to public housing agencies (PHAs) that partner with public child welfare agencies (PCWAs) for FUP-eligible youth under Section 8(x) of the U.S. Housing Act of 1937 (42 U.S.C. 1437f(x)).

This notice explains the eligibility and application requirements for FYI voucher funding, and how applications will be processed.

2. **Summary.** Through this targeted allocation, HUD is investing in local, cross-system collaborative efforts to prevent and end homelessness among youth with a current or prior history of child welfare involvement. The success of this effort requires that community partners coordinate effectively to identify, target, and connect eligible youth at-risk of or experiencing homelessness to housing and related supports. This notice

calls for PHAs, PCWAs¹, and continuums of care (CoCs)² to work together to determine the most appropriate intervention for each young person.

3. Changes from PIH Notice 2019-20.

This notice revises PIH Notice 2019-20 in the following policy areas:

Subject	PIH Notice 2019-20	PIH Notice 2020-XX
Source of Funding	TPV appropriated funds under the 2019 Act.	Up to \$10 million of FUP appropriated funds under the 2020 Act.
Name of Vouchers	FYI TPVs.	FYI vouchers.
PHA Eligibility	PHAs with an ACC for HCVs that do not administer FUP.	All PHAs with an ACC for HCVs.
Maximum Award	25 vouchers in a fiscal year.	25 vouchers in a fiscal year, with the ability to request additional vouchers with 90 percent or greater utilization.
Submission Requirement	Name of youth must be included in request.	A code, alias, initials, or full name of the youth must be included in the request.
Submission Requirement	Instructions for completion of form HUD-52515, now expired.	Instructions for completion of form HUD-52515, with expiration of July 31, 2022.

¹ **Public Child Welfare Agency (PCWA)** means the agency that is responsible under applicable State law for determining that a child is at imminent risk of placement in out-of-home care or that a child in out-of-home care under the supervision of the public agency may be returned to his or her family, or that a youth is at least 18 years and not more than 24 years of age and left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older. For states that have privatized child welfare, the agency designated to conduct child welfare on behalf of the state may be considered a PCWA.

² **Continuum of Care (CoC)** – the group organized to carry out the responsibilities required under 24 CFR part 578 and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Youth Failure to Use Voucher	Should a youth fail to use the voucher, the PHA must notify HUD, and HUD will reduce the PHA's HCV assistance to account for the removal of the FYI TPV assistance from the PHA's HCV baseline inventory.	Should a youth fail to use the voucher, the PHA may issue the voucher to another eligible youth if one has been identified. If another eligible youth is not available, the PHA must notify HUD, and HUD will reduce the PHA's HCV assistance to account for the removal of the FYI assistance from the PHA's HCV baseline.
Turnover	When the youth exits the program, HUD will reduce the PHA's HCV assistance to account for the removal of the assistance from the PHA's HCV baseline inventory	<p>PHAs must continue to use FYI vouchers awarded under this notice for eligible youth upon turnover. If another eligible youth is not available, the PHA must notify HUD, and HUD will reduce the PHA's HCV assistance to account for the removal of the FYI assistance from the PHA's HCV baseline.</p> <p>HUD will monitor the utilization of vouchers awarded through this notice on an annual basis and any unutilized voucher assistance that is no longer needed will be recaptured and reallocated as authorized under the 2020 Act.</p>
Youth Eligibility	<p>Youth eligibility defined as follows:</p> <ol style="list-style-type: none"> 1. Has attained at least 18 years and not more than 24 years of age; 2. Left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act at age 16 or older; and 	<p>Youth eligibility language has been revised to explicitly reference the "16 or older" requirement in item 3 below</p> <ol style="list-style-type: none"> 1. Has attained at least 18 years and not more than 24 years of age; 2. Left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in

	3. Is homeless or is at risk of becoming homeless.	section 475(5)(H) of the Social Security Act; and 3. Is homeless or is at risk of becoming homeless at age 16 or older.
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4. **Impact on existing awards and requests.** No additional actions are required of PHAs that received funding under Notice PIH 2019-20.

Requests submitted to HUD by PHAs pursuant to PIH Notice 2019-20 prior to the publication of this notice do not need to be re-submitted. If the request is determined eligible, it will be processed under the requirements of the new notice.

5. **Funding.** The 2020 Act provides that of the \$25 million appropriated for FUP, \$20 million shall be made available for FUP youth. Furthermore, of that \$20 million up to \$10 million shall be made available on a non-competitive basis to PHAs that partner with public child welfare agencies to identify FUP-eligible youth. This funding source will be made available to expand the FYI initiative.

Subject to the following conditions, HUD will accept PHA requests for FYI vouchers under this notice on a rolling basis:

- A. **Funding remains available.** Funding under this notice is dependent on the availability of appropriations. HUD will utilize up to \$10 million of the FUP-appropriated amount for FYI.
 - B. **Notice remains in effect.** Until HUD rescinds or suspends this notice, it remains in effect.
6. **PHA Eligibility Requirements.** A PHA requesting assistance under this notice must meet all of the eligibility requirements described below.
- A. **PHA currently administers the Housing Choice Voucher (HCV) Program.** The PHA must have an existing ACC with HUD for HCVs. A contract administrator that does not have an ACC with HUD for HCVs but constitutes a PHA under 24 CFR 982.4 by reason of its administering HCVs on behalf of another PHA, is not eligible to submit an application under this notice. Nonprofit administrators of HCV mainstream assistance, which by statute are classified as PHAs solely for the purpose of administering HCV mainstream assistance, are also ineligible for FYI.
 - B. **FUP PHA eligibility.** Eligibility for PHAs administering FUP is limited to

PHAs with a FUP utilization of at least 90 percent at the time of the request. This must be reflected in Voucher Management System (VMS) reporting.

- C. **Partnership with a PCWA.** The PHA must have a partnership with a PCWA. This partnership must assist the PHA in using assistance under this notice.
 - D. **Waiting List Administration.** The PHA, upon receipt of a referral(s) from the PCWA of an eligible youth, must compare the name(s) with youth already on the PHA's HCV waiting list. Any youth on the PHA's HCV waiting list that matches with the PCWA's referral must be assisted in order of their position on the waiting list in accordance with PHA admission policies. Any youth certified by the PCWA as eligible and not on the HCV waiting list must be placed on the waiting list (pending HCV eligibility determination). If the PHA has a closed HCV waiting list, it must reopen the waiting list and place on the waiting list a FYI applicant youth who is not currently on the PHA's HCV waiting list. The PHA may reopen the waiting list to accept an FYI eligible youth without opening the waiting list for other applicants
 - E. **Request for assistance.** A request for assistance may not be made until the PHA has received a referral of an eligible youth from the partnering PCWA.
 - F. **Administrative plan update.** The PHA must amend the administrative plan in accordance with applicable program regulations and requirements.
5. **PCWA Roles and Responsibilities.** The partnering PCWA must meet the following requirements.
- A. **Identify eligible Youth.** The PCWA must have a system for identifying eligible youth within the agency's caseload and review referrals from the PHA or a third party such as a State, local, philanthropic, faith-based organizations, CoC, or a CoC recipient it designates.
 - B. **System of Prioritization.** Given the limited nature of this resource, the PCWA must have a system of prioritization for eligible youth.
 - C. **Written Certification.** The PCWA must provide written certification to the PHA that a youth is eligible.
 - D. **Supportive Services.** The PCWA must provide or secure a commitment for the provision of required supportive services.
6. **Required Supportive Services.** Eligibility to receive funding under this notice to

administer FYI vouchers requires that the PCWA provide or secure a commitment of supportive services for participating youth to assist the youth in achieving self-sufficiency. The services listed in (A) through (E) below must be secured for a period of 36 months to eligible youth receiving rental assistance through this notice. HUD encourages full participation in self-sufficiency services as appropriate for the participating youth.

- A. Basic life skills information/counseling on money management, use of credit, housekeeping, proper nutrition/meal preparation; and access to health care (e.g., doctors, medication, and mental and behavioral health services).
- B. Counseling on compliance with rental lease requirements and with HCV program participant requirements, including assistance/referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
- C. Providing such assurances to owners of rental property as are reasonable and necessary to assist eligible youth to rent a unit with a voucher.
- D. Job preparation and attainment counseling (where to look/how to apply, dress, grooming, and relationships with supervisory personnel, etc.).
- E. Educational and career advancement counseling regarding attainment of general equivalency diploma (GED); attendance/financing of education at a technical school, trade school or college; including successful work ethic and attitude models.

The provision of supportive services is not an eligible use of funding under this notice.

7. Youth Eligibility. The population eligible to be assisted with funding under this notice are youth certified by a PCWA as meeting the following conditions:

- 1. Has attained at least 18 years and not more than 24 years of age;
- 2. Left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act; and
- 3. Is homeless³ or is at risk of becoming homeless⁴ at age 16 or older.

³ **Homeless** refers to the population included in the definition of this term at 24 CFR 578.3.

⁴ **At Risk of Becoming Homeless** means the population defined as “At Risk of Homelessness” at 24 CFR 576.2. .

Eligibility is not limited to single persons. For example, pregnant and/or parenting youth are eligible to receive assistance under this notice assuming they otherwise meet eligibility requirements.

8. **Partnership Agreement.** PHAs applying for assistance under this notice must enter into a partnership agreement with a PCWA. HUD strongly encourages adding other important partners, such as the State, local, philanthropic, faith-based organizations, and the CoC, or a CoC recipient it designates, to the partnership. The partnership agreement may take the form of a Memorandum of Understanding (MOU) or letters of intent between the parties. At a minimum, the partnership agreement must clearly address the following:
 - A. **Define eligible youth.** Define youth eligible to receive assistance under this notice using the criteria in Section 7 of this notice.
 - B. **Supportive Services.** List the supportive services to be provided to eligible youth receiving rental assistance through this notice. All of the services identified in Section 6 of this notice must be provided. These services must be provided for a period of 36 months. The organization(s) to provide these services must be identified.
 - C. **Address PHA responsibilities.** The following PHA responsibilities must be identified:
 - a. The PHA, upon receipt of a referral(s) from the PCWA of an eligible youth, must compare the name(s) with youth already on the PHA's HCV waiting list. Any youth on the PHA's HCV waiting list that matches with the PCWA's referral must be assisted in order of their position on the waiting list in accordance with PHA admission policies. Any youth certified by the PCWA as eligible and not on the HCV waiting list must be placed on the waiting list (pending HCV eligibility determination). If the PHA has a closed HCV waiting list, it must reopen the waiting list and place on the waiting list a FYI applicant youth who is not currently on the PHA's HCV waiting list. The PHA may reopen the waiting list to accept an FYI eligible youth without opening the waiting list for other applicants.
 - b. PHA must amend the administrative plan in accordance with applicable program regulations and requirements.
 - D. **Address PCWA responsibilities.** The following PCWA responsibilities must be identified:
 - a. PCWA must have a system for identifying eligible youth within the agency's caseload and review referrals from the PHA, and other important partners, such as the State, local, philanthropic, faith-based organizations, and CoC, or CoC recipient it designates, as applicable.

- b. PCWA must have a system for prioritization of referrals to ensure that youth are prioritized for a FYI voucher based upon level of need and appropriateness of the intervention.
 - c. PCWA must provide written certification to the PHA that a youth is eligible.
 - d. PCWA must provide or secure a commitment for the provision of required supportive services.
- E. **Address Third-Party Responsibilities.** Where other partners, such as the State, local, philanthropic, faith-based organizations, and the CoC, or a CoC recipient it designates, will be party to the partnership agreement, the responsibilities of the entity must be identified:
- a. Integrate the prioritization and referral process for eligible youth into the third party or CoC's coordinated entry process.
 - b. Identify services, if any, to be provided using third party or CoC program funds to youth who qualify for third party or CoC program assistance.
 - c. Make referrals of eligible youth to the PCWA.

9. **Role of Third Parties.** HUD strongly encourages participation of State, local, philanthropic, faith-based organizations, and the CoC, or a CoC recipient it designates. These parties may play a critical role in identifying eligible youth in the community at risk of or experiencing homelessness that are no longer part of the child welfare system. Further, these parties may provide or leverage supportive services on behalf of the youth.

The CoC plays a role in identifying eligible youth in the community at risk of or experiencing homelessness that are no longer part of the child welfare system. Through the CoCs coordinated entry process, referrals of eligible youth to the PCWA are able to be made based on prioritization of need and appropriateness of the intervention. Further, CoC recipients may provide supportive services using CoC program funds to youth who qualify for CoC program assistance. Youth who are part of the PCWA's active caseload do not have to be added to the CoC's coordinated entry process.

10. **Minimum and Maximum Request.** There is no minimum request size. A PHA request may be as small as one voucher. Given the limited nature of this resource, each PHA is limited to an initial maximum award of **25** vouchers under this notice in a fiscal year (October 1 through September 30). PHAs that have not reached the maximum annual cap may submit more than one application under this notice.

PHAs that have been awarded the initial maximum cap of 25 vouchers in a fiscal year that have achieved at least 90 percent utilization of these vouchers may request up to an additional 25 vouchers. PHAs will not be awarded more than 50 vouchers in a fiscal year.

An application for vouchers under this notice may not occur until the PHA has received a referral of an eligible youth by the partnering PCWA.

Applying for funds under this notice does not exclude PHAs from pursuing funding under a future NOFA, assuming all eligibility requirements of the NOFA are otherwise met.

11. **Value of Voucher.** The value of the FYI voucher is dependent on the Per Unit Cost (PUC) identified by HUD for the PHA. If a PHA has concerns regarding the sufficiency of the funding based on the PUC, the PHA can request higher funding within 12 months of the award effective date based on actual costs and rent reasonableness. Through Notice PIH 2020-04, PHAs have an ongoing opportunity to request funding for the prevention of terminations due to insufficient funding. For information on how to submit an application please see Notice PIH 2020-04. Inquiries about PUC increases may be directed to the Financial Management Division (FMD) mailbox at PIH_Conversion_Actions@hud.gov.
12. **Prioritization.** Given the limited nature of these FYI vouchers, the PCWA is encouraged to consider how they are prioritizing youth for referrals. The intent of prioritization should be to ensure that youth are prioritized for housing resources and related services based upon level of need and appropriateness of the intervention. For youth still involved in the child welfare system, the permanency goals of the young person should be taken into account.
13. **Voluntary Participation.** PHAs are not required to request and/or administer assistance under this notice. Further, PHAs may choose to request less than the maximum number of FYI vouchers available to them in a given year.
14. **Application Process.** An application that does not meet all eligibility requirements will be deemed ineligible and will not receive FYI vouchers under this notice.
 - A. **Content of the Application.** A PHA who wishes to request vouchers under this notice must email the Office of Housing Voucher Programs (OHVP) at FYI@hud.gov, copying the Field Office Public Housing Director. The subject line of the email should have the following format [*PHA Code_Request for FYI vouchers*]. The email must come from the Executive Director, Chief Executive Officer, or individual of equivalent position of the PHA.
 - a. **Body of Email.** The body of the email must include all of the following information:
 1. PHA Name and PHA Code.
 2. Statement that the PHA is requesting vouchers under this notice.
 3. Name of partnering PCWA responsible for making eligibility determinations and referrals to the PHA.
 4. Name of third-party partners, as applicable.

5. Name of entity(ies) providing the required supportive services.
6. Certification that the PHA has entered into a partnership agreement with the PCWA, and any third party(ies) it designates (as applicable). **The PHA must provide a statement that it is certifying to the partnership.**
7. For PHAs that administer FUP, a certification that the PHA has a FUP utilization of at least 90 percent at the time of request. **This element is only applicable to PHAs that administer FUP.**
8. Indicate the number of vouchers being requested, identifying the eligible youth by code, alias, initials, or full name.
9. For PHAs that have been awarded the initial maximum cap of 25 vouchers in a fiscal year and are requesting additional vouchers (up to 25), a certification that the PHA has achieved at least a 90 percent utilization of the previously awarded FYI vouchers.⁵ **This element is only applicable to PHAs that have already received 25 FYI vouchers in the fiscal year.**
Note: An application for vouchers under this notice may not occur until the PHA has received a referral of an eligible youth by the partnering PCWA.
10. Contact information should HUD need to follow-up.

- b. **Form HUD-52515.** The email must include the attachment of a completed form HUD-52515. This form was recently updated. PHAs should use the form HUD-52515 with an expiration of July 31, 2022. Only complete the first page of the form.

B. Processing of Applications. Before a PHA's request for assistance may be approved, the following steps must occur.

- a. **Eligibility Review.** The PHA's request for assistance will be reviewed to verify that:
 1. All of the required information identified above has been submitted; and
 2. The PHA is eligible to administer HCVs.
- b. **Eligibility Determination.** After review of the application, HUD will:
 1. Advise the PHA to modify its request to meet the requirements of this notice;
 2. Deny any request that fails to meet the requirements of this notice and notify the PHA by email of the denial; or
 3. Determine that the request meets the requirements of this notice.

⁵ The calculation should round down to the nearest whole number. For example, a PHA with an award of 25 FYI vouchers may request additional vouchers when it has leased up at least 22 FYI vouchers.

- C. **Funding Process.** Requests determined to meet the requirements of this notice will be referred to the Financial Management Division (FMD) and Financial Management Center (FMC) for further processing.

The funding process is intended to result in issuance of an amended ACC to the PHA to administer the FYI voucher(s) within 60 business days.

In some instances, the award of FYI funds will not be provided in time to assist a youth that is currently homeless, or will become homeless before the award of the FYI voucher is completed. As an eligible use of the PHA's administrative fee reserves, the PHA may use these funds to expedite lease up.

15. Additional Program Requirements. The following notice-specific program requirements apply:

- A. **Utilization.** HUD will monitor the utilization of vouchers awarded through this notice on an annual basis and any unutilized voucher assistance that is no longer needed will be recaptured and reallocated as authorized under the 2020 Act.
- B. **Youth Failure to Use Voucher/Turnover.** Should a youth fail to use the voucher, the PHA may issue the voucher to another eligible youth if one has been identified.

PHAs must continue to use FYI vouchers awarded under this notice for eligible youth upon turnover. If another eligible youth is not available, the PHA must notify HUD, and HUD will reduce the PHA's HCV assistance to account for the removal of the FYI assistance from the PHA's HCV baseline. Notification should be provided to FYI@hud.gov and the PHA's respective Financial Management Center Financial Analyst.

- C. **Reporting.** PHAs must maintain a special program code for FYI voucher participants in line 2n of the Family Report (form HUD-50058) or line 2p of the MTW Family Report (form HUD-50058), as applicable. The special program code is "FYI." PHAs must also properly record the date the PHA issues the voucher to the youth, and the date of admittance to the program in line 2a. Line 2h must be used to report the date the PHA initially admitted the youth into the program.

PHAs must also report leasing and expense information for these vouchers in the VMS, Form HUD-52681B. The "Family Unification 2008/Forward – MTW" or "Family Unification – Non MTW" category, as appropriate for your PHA, must be used.

- D. **Length of Assistance.** As required by statute, a FYI voucher may only be used to provide housing assistance for youth for a maximum of 36 months.

- E. **Administrative Plan.** The PHA administrative plan must be amended in accordance with applicable program regulations and requirements.
17. **Paperwork Reduction Act.** The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The OMB control numbers are 2577-0169, 2502-0204, and 2502-0086. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.
18. **Further Information.** Questions concerning the policies described in this notice may be directed to the Housing Voucher Management and Operations Division, Office of Public Housing and Voucher Programs, FYI mailbox at FYI@hud.gov.

/s/

R. Hunter Kurtz, Assistant Secretary
for Public and Indian Housing



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Testimony Before the Council of the District of Columbia

Committee on Human Services

**Public Hearing:
Performance Oversight Hearing
Child and Family Services Agency
February 17, 2022**

Marla Spindel

Executive Director, DC KinCare Alliance

Good morning Chairperson Nadeau and Members of the Committee on Human Services. My name is Marla Spindel, and I am the Executive Director of DC KinCare Alliance. Our mission is to support the legal, financial, and related service needs of relative caregivers who step up to raise DC children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. In the four years since our founding, we have helped over 500 relative caregivers raising more than 650 DC children. DC KinCare Alliance is a member of the Fair Budget Coalition, and we support budget priorities and policies that alleviate poverty in the District of Columbia.

A. DC's Grandparent Caregiver and Close Relative Caregiver Programs

When we testified at this hearing last year, we discussed the critical role of the Grandparent Caregiver Program (GCP) and the Close Relative Caregiver Program (CRCP) to keep our most vulnerable children raised by relative caregivers out of poverty. At that time, we were very concerned about the long waiting list to participate in the GCP due to a purported lack of funds. Today there is no waiting list, a fact we credit to this Committee's oversight. We are grateful for Chairperson Nadeau's commitment to fully funding these important programs.

There is still work to be done, however, to ensure timely processing of GCP and CRCP applications so that relative caregivers receive the funds they need for these children promptly. CFSA reports that the average length of time it takes from submitting a complete subsidy application to the issuance of an EBT card is 30 days.¹ DC KinCare Alliance has assisted many clients with submitting applications for the GCP and CRCP subsidies in FY 2021 and in FY 2022 to date. We have never had a client receive their EBT card that quickly. In our experience, the application process takes approximately three months. First, we assist clients with submitting an application via

¹ Child and Family Services Agency FY21 Pre-Hearing Performance Oversight Hearing Follow-up Responses to "Written Response Requested Questions from the DC Council Committee on Human Services, p.10 (February 15, 2022).

e-mail. Along with the application, clients must submit supporting documents showing identification, income, residence, relationship, that the child lives with them, and that they have applied for TANF, a form requesting a Child Protection Registry (CPR) check and, in recent months, a new form authorizing FBI and local District background checks.

Often, it is difficult to get acknowledgment that CFSA has everything it needs and that the application is complete. For example, if a client uses an older CPR form, from 2020 instead of 2021, it will be rejected, even though the information provided is the same. The client may not be notified of that for weeks. The next hurdle is the client getting fingerprinted. We used to be able to call and schedule a fingerprinting appointment. Often, no appointments would be available for several weeks, but at least we could schedule an appointment. During the first year and a half of the COVID pandemic, CFSA waived the fingerprinting requirement and conducted its background checks virtually. In October 2021, the fingerprinting requirement was reinstituted, but we are not able to call to make an appointment. Rather, the client must wait for someone from CFSA to contact them and set it up. As a result, a number of weeks typically elapse before fingerprinting can be conducted.

Even after the fingerprinting is completed, it takes time for CFSA to get the background checks done and for CFSA to get the EBT cards in from their vendor. Getting EBT cards in a timely manner is a problem that CFSA has experienced regularly, and that problem alone often results in weeks of delay. Once the cards come in, the client must then make an appointment to go in to CFSA to sign their contract and retrieve the EBT card. This is a process that can and should be streamlined so that the time from application submission to funds in hand is greatly reduced.

B. DC's Kinship Navigator Program

Federal law defines kinship navigator programs as programs “to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private

agencies to ensure kinship caregiver families are served.”² Federal law further requires kinship navigator programs, among other things, to be:

planned and operated in consultation with kinship caregivers and organizations representing them; establish information and referral systems that link (via toll-free access) kinship caregivers, kinship support group facilitators, and kinship service providers to . . . each other; provide outreach to kinship care families, including by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials. . . .³

Unfortunately, although CFSA has received more than \$600,000 in federal kinship navigator funding in FYs 2019 through 2022,⁴ it still does very few of these things. Indeed, our client’s experiences with the program have only been related to applying for the caregivers subsidies, and they have not been informed of or received any other services. Most importantly, the navigator still does not have a public facing website or on-line access to information for relative caregivers, nor a resource guide. CFSA says it publicizes its kinship navigator program through referrals and through post cards distributed at public libraries, the Collaboratives and at some community partners,⁵ but these efforts are going to reach only a small fraction of the people who could benefit from navigator services. Moreover, CFSA indicates in its oversight responses it does not “anticipate receipt of any further federal Kinship Navigator funding.”⁶ Indeed, kinship navigator programs can currently only pull down federal funds if they meet the more rigorous standards set by the Title IV-E

² 42 U.S.C. § 627(a)(1).

³ *Id.*

⁴ CFSA Oversight Responses FY 2021-2022, Question No. 99.p., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁵ *Id.* at Question Nos. 99.f. and 99.o., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁶ *Id.* at Question No. 99.p., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>

Clearinghouse.⁷ However, it is clear that CFSA does not intend to build a kinship navigator program that could meet these evidence based federal requirements,⁸ as Ohio has done.⁹

DC KinCare Alliance provides a robust, fully-functioning kinship navigator program on a small budget of grants and individual donations. We have a well-publicized and accessible helpline, website and resource guide (both on-line and print versions) for relative caregivers to learn about legal and financial resources available to them. In addition to providing legal representation in court, we help relative caregivers with accessing hard to obtain resources, such as food, clothing and technology, as well as rental, utility, unemployment, and housing voucher assistance. Our Relative Caregiver Community Advisory Board, now consisting of 21 relative caregivers raising 26 DC children, works in tandem with us to identify unmet needs and devise ways to address them. Significantly, our Board members regularly report that if we had not told them about and helped them obtain services, they never would have known about or been able to access them. Moreover, our Board members have voiced concerns about navigator services being housed with CFSA, the same agency that investigates abuse or neglect and can remove children. They do not feel safe or comfortable approaching CFSA for this help. (See attached Position Statement of the DC KinCare Alliance Relative Caregiver Community Board on Kinship Navigator Programs).

C. Ombudsperson for Children

A critical protection for children in DC will be the independent Ombudsperson for Children that: conforms to nationally recognized standards; mediates, investigates and advocates for DC children; and is not beholden to the agencies it oversees. We thank the DC Council for taking important steps towards implementing the Office of Ombudsperson for Children Establishment

⁷ *Id.* at Question No. 99.p., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁸ <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi2106.pdf>.

⁹ <https://preventionservices.abtsites.com/programs/319/show>.

Amendment Act of 2020, like hiring a search firm to conduct a national search for the best qualified person to be our first Ombudsperson for Children. We look forward the continuation of this process and the appointment of an Ombudsperson for Children in the near future.

D. Kinship Diversion (also known as Hidden Foster Care)

One of the issues we have continued to raise with this Committee is CFSA's practice of kinship diversion (also known as hidden foster care). This occurs when CFSA determines that there is abuse or neglect of a child and the child cannot remain safely at home with their parents, even with the provision of services. But, rather than follow both federal and DC law requiring removal of the child to foster care—preferably with a relative who has received an expedited temporary kinship foster care license—CFSA diverts the child to live with the relative, without providing the legally required due process, services or supports, including foster care maintenance payments. DC KinCare Alliance has filed federal lawsuits on behalf of kinship families who have been harmed by this illegal and discriminatory practice.¹⁰

In July 2020, CFSA issued a policy entitled “Diversion Process at Investigations,”¹¹ which defines diversion and purports to record and track its numbers. On page 1 of the policy, CFSA defines diversion as: “Rather than placing the child in foster care, CFSA will partner with the child’s parent to plan for the child to be safely cared for by a relative or another identified caregiver.” The accompanying footnote explains that a diversion “identifies who will assume physical care of the child.” The policy further explains the diversion determination process as follows: “When a child

¹⁰ *K.H. et al. v. D.C.*, No. 19-3124 (D.C.D.C. filed Oct. 18, 2019); *S.K. et al. v. D.C.*, No. 20-00753 (D.C.D.C. filed March 17, 2020); *D.B. et al. v. D.C.*, No. 21-00670, *T.J. et al. v. D.C.*, No. 21-00663, *M.S. et al. v. D.C.*, 21-00671, and *S.S. et al. v. D.C.*, No. 21-00512 (D.C.D.C. filed March 11, 2021). A recent North Carolina District Court case, *Hogan et al. v. Cherokee County et al.* denied the County’s motion for summary judgment with respect to plaintiffs’ substantive and procedural due process claims in the context of a separation of a child from her parent pursuant to a diversion arrangement, and a jury awarded the parent and child millions in damages for the illegal separation. 2021 WL 535855, *7-8 (W.D.N.C. 2021). See Presser, Lizzie. “How Shadow Foster Care Is Tearing Families Apart.” *The New York Times Magazine*. 1 Dec. 2021, available at <https://www.nytimes.com/2021/12/01/magazine/shadow-foster-care.html>.

¹¹ CFSA Administrative Issuance 20-1, “Diversion Process at Investigations,” July 13, 2020, available at <https://cfsa.dc.gov/publication/ai-diversion-process-investigations>.

and their family comes to the attention of CFSA through a hotline report of abuse and neglect, the investigative social worker must conduct an assessment to determine if: (1) the child(ren)/youth is in imminent danger, which would result in a removal, and (2) if the child(ren)/youth can remain safe in the community with an identified caretaker.”

Accordingly, diversion as defined and practiced by CFSA involves the determination by CFSA that the parent cannot care for the child in their home because of abuse or neglect, and that the child must physically live somewhere other than the parent’s home to ensure the child’s safety. The only difference between foster care and diversion is that DC files a petition to remove and place a child in a foster care case, but removes and places the child without court involvement in a diversion case.

Regarding tracking diversion, the policy indicates that diversions are recorded and tracked by month. However, it does not require tracking of the most important information about diverted children -- ***their outcomes following a diversion***, such as: how long children stay in a diversion arrangement; whether they return home and when; what services they receive; whether they are subject to future abuse or neglect; and whether they are ultimately removed to foster care. In other words, there is no information on whether kinship diversion is a successful policy that helps children.

There are many reasons why diversion as practiced by CFSA is problematic. First, as the policy provides, a decision to divert is initially made by a CPS social worker. Once this decision is made, CFSA *may* discuss the plan for the child to live with the relative with the parent and relative and *may* obtain the consent of the parent to do so. However, in some cases, parental consent is not ever obtained, raising serious constitutional concerns.¹² While CFSA references its Safety Plan

¹² “The state is limiting one of the most precious substantive liberty rights recognized by the Constitution—that of parents to the care, custody, and control of their children—and the reciprocal right of children to live with their parents.”

Policy in its Diversion Policy, it is clear that it does not follow its requirements of having a written plan that a competent parent must execute, and that the plan be time limited and last no longer than 30 days. In our experience working with more than 500 kinship families, we have seen diversions where there is no parental consent or parents do not have the capacity to consent. Parents of diverted children often grapple with serious and pervasive mental health or substance use issues, and the family is well-known to CFSA. Yet, CFSA involvement never stops the cycle of abuse; rather, the child is maintained in an unsafe home or diverted over and over again to live with different relatives. We have also seen diversion *after* the child previously had been removed to kinship foster care, reunified with the parent, and then the parental abuse or neglect started all over again.

From our first-hand observations of CFSA's diversion discussions with families and from the many accounts relayed to us by our clients, both the parent and the relative are coerced into agreeing to the diversion or safety plan for the child to live with the relative. The parent is coerced because they are told that if they do not agree, the child will go into "the system" and it will be difficult to ever get the child back. In this situation, the parent is not in a position to freely consent to anything.¹³ CFSA has all the power and is effectively making the decision alone.

The caregiver is coerced because they are told that if they do not agree, the child will go into foster care with a stranger. The caregiver is never told that they would be the first choice for placement if the child were to be formally removed, nor is the caregiver told that they would receive a foster care payment to help care for the child. If the caregiver somehow knows to ask about kinship foster care, they are told that it is not available or that they may not qualify and that it could take a long time. They are not told that there is a fast track licensing process for kin and that all non-safety related requirements can be waived under DC regulations.

Josh Gupta-Kagan, *America's Hidden Foster Care System*, Stan. L. Rev. 841 at 843 (2020), available at <https://review.law.stanford.edu/wp-content/uploads/sites/3/2020/04/Gupta-Kagan-72-Stan.-L.-Rev.-841.pdf>.

¹³ *Id.* at 866.

The second reason CFSA's diversion policy and practice is problematic is because it fails to grant any legal rights to the person who is taking the child into their home. In this regard, the caregiver is rarely provided with any documents needed to care for the child, such as the child's birth certificate, social security card, Medicaid card, or vaccination records. These things are needed to apply for benefits, get medical care for the child, and enroll the child in school. Additionally, a diversion arrangement does not grant legal custody to the caregiver nor is it legally enforceable. Accordingly, the parent could come get the child at any time, or the caregiver could return the child to the parent even if the parent is still not safe.¹⁴

The third reason why CFSA's diversion policy and practice is troubling is that, by definition, the child is going to live informally with a relative *instead of* foster care. Foster care provides an important check on the power of CFSA to remove a child from a parent because parents and the child are appointed lawyers to represent them and a judge determines if there is sufficient evidence to warrant removal. With diversion, there is no check on the power of the agency to determine if parents and children should be separated in the first place.¹⁵ Foster care also furnishes services and supports that are not available through diversion. A parent will receive services to address the problem that led to the separation from their child and to assist with the goal of reunification.¹⁶ The licensed caregiver and the child will receive services like respite care and transportation to school and foster care maintenance payments that ameliorate the impact of poverty.¹⁷

The purpose of foster care is permanency, either through reunification with a parent or guardianship or adoption with the caregiver. Diversion provides none of these pathways, as children are diverted multiple times or stay with relatives informally for months, years, or even until they

¹⁴ *Id.* at 882.

¹⁵ *Id.* at 875.

¹⁶ *Id.* at 878.

¹⁷ *Id.* at 880.

become adults. While CFSA may follow up for a short period (typically, no more than a month), CFSA will close its investigation even if the plan is not working, and leave the caregiver to figure out how to care for the child long-term. If a caregiver tells CFSA that they can no longer care for the child because of all of the hurdles to do so, CFSA will threaten the caregiver with a neglect case. In other words, once CFSA closes its case, it will not get reinvolvement to help stabilize the family unless a new allegation of abuse or neglect is called into the hotline, which is when the “safety plan” has already failed. The reason we find out about diversion is invariably because something has gone wrong.

In 2001 and 2004, the DC Council acknowledged these problems with diversion, known at the time as “temporary third party placements,” when it revoked CFSA’s authority to engage in them from the Child Abuse and Neglect Act.¹⁸ This revocation was in response to changes in federal laws and requests from the *LaShawn* court monitor. CFSA has decided to flout the DC Council’s intent to eliminate these arrangements by calling them by another name -- diversions.

Through FOIA, DC KinCare Alliance requested information from CFSA about the number of diversions it conducted in FY 2021. CFSA represented that four children were diverted and provided us with the redacted diversion reports for those families. However, DC KinCare Alliance has personal experience with five families, other than those reported by CFSA, whose children were diverted to live with relatives in FY 2021. It is clear that CFSA has not been properly tracking diversions, although it is unclear why this is the case – whether the staff are not properly trained on how to track diversion or whether there is a data integrity problem. We believe that sometimes

¹⁸ Child and Family Services Agency Establishment Amendment Act of 2000, Pub. L. 13-277 (Apr. 2001); Child in Need of Protection Amendment Act of 2004, Pub. L. 15-531 (Apr. 2005).

diversions are misclassified as safety plans where the prevention “service” is a plan for the child to live with a relative indefinitely.¹⁹

The District of Columbia has a much lower rate of foster care placement with kinship caregivers than the national average of 32%.²⁰ CFSA stated in its oversight responses that DC’s rate is 22%,²¹ both for FY 2021, and for first quarter of FY 2022. This is down 6% from FY 2020.²² CFSA claims its low rate is because many DC families identify Maryland caregivers and Maryland cannot waive the non-safety related licensing requirements that DC can; but if that were true, Maryland would also have a low kinship placement rate. Maryland’s kinship placement rate is 42%.²³ The real reason DC continues to lag behind year after year is because of diversion.

The vast majority of families involved with CFSA are Black, live in Wards 7 and 8, are poor, and have lower levels of education. This results in a concerning power imbalance between the agency and the families they are tasked to serve. CFSA takes advantage of this power imbalance to deny kinship families much needed economic benefits to which they are entitled. We appreciate that Chairperson Nadeau is focusing on this important issue as critical resources are continuing to drain from our most under-resourced communities.

E. Child Fatalities and Near Fatalities

Another area where we have significant concerns is with respect to children who die or suffer from near fatalities as a result of abuse or neglect in DC.²⁴ CFSA’s annual Internal Child Fatality

¹⁹ CFSA Oversight Responses FY 2021-2022, Question No. 93.e., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>

²⁰ Children’s Bureau, *Foster Care Statistics 2019*, available at <https://www.childwelfare.gov/pubPDFs/foster.pdf>.

²¹ CFSA Oversight Responses FY 2021-2022, Question No. 97., available at <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²² *Id.* at Question No. 69.a., available at www.dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

²³ <https://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type#detailed/2/22/false/1729,37,871,870,573,869,36,868,867,133/2622,2621,2623,2620,2625,2624,2626/12994,12995>.

²⁴ Near Fatality is defined as “a child in serious or critical medical condition as a result of child abuse, neglect, or maltreatment, as certified by a physician.” DC Code § 4-1303.31(6).

Report (ICFR) does not provide data regarding near fatalities and its data regarding child fatalities that are a result of abuse or neglect are deeply flawed and does not provide the public with the information needed to make meaningful change.

CFSA continues to report that none of the child fatalities it reviewed in 2018, 2019 or 2020 that occurred in CY 2018 were due to abuse or neglect,²⁵ yet we know that two-year-old Aceyson “Ace” Ahmad was beaten to death on April 17, 2018, that one-year-old Carter Sanders was beaten to death on May 16, 2018 and that six month old Brooklynn Hill Davis was scalded to death on September 5, 2018.²⁶ Were all three of these babies really not known to CFSA at or prior to their deaths?

CFSA reports that four of the child fatalities that it reviewed in 2019 and 2020 that occurred in CY 2019 were the result of abuse or neglect, and that three of the child fatalities that it reviewed in 2020 that occurred in CY 2020 were the result of abuse or neglect.²⁷ CFSA compares these numbers in the conclusion of its 2020 ICFR²⁸—the implication being that abuse and neglect homicide numbers are going down, but we will not know that for several more years as neither the review of 2019 nor 2020 child fatalities is likely complete. Typically, CFSA reviews child fatalities that occur in any given calendar year over that year and the two following it for a total of three years.²⁹ One thing we do know from available data is that child fatalities due to homicide for very

²⁵ *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2020* at p. 31 available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

²⁶ *Baskin, Morgan, To Escape Court Oversight DC's Child Welfare System is Cutting Corners*, *Washington City Paper*, April 11, 2019, <https://washingtoncitypaper.com/article/180828/to-escape-court-oversight-dcs-child-welfare-system-is-cutting-corners/>.

²⁷ *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2020* at p. 31 available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

²⁸ *Id.* at p. 28.

²⁹ *Id.* at p. 31,

young children five years old and younger is going up--from four homicides reported in 2018³⁰ to five in 2019.³¹

Of the three neglect and abuse homicides that CFSA has reviewed for CY 2020 thus far, two were widely reported in the media. They were the brutal beating deaths of eleven month old Mackenzie Anderson and two year old Gabriel Eason. Both deaths seemed eminently preventable but we do not know what CFSA's involvement with these two babies was before they died. Could CFSA have prevented their deaths? If so, what lessons has CFSA learned from any mistakes made in their cases? These are the kinds of questions that CFSA's 2020 ICFR should be designed to answer, yet none of them are.

We know that of the 40 total child fatalities in 2020 that CFSA has reviewed and reported on thus far, 38 of them or 95% had hotline calls screened out within 5 years of the child's death.³² What that means is that those hotline calls were not investigated. Of the 38 who had hotline calls screened out, 16 or 40% had 4 or more hotline calls that were never investigated. Given the incredibly high percentage of calls that were not investigated regarding children who later died, one would think that there would be some red flags about this issue and perhaps a recommendation that CFSA review its hotline calls to assess the reasons why calls were screened out and whether it was appropriate to do so. However, there is no recommendation in the 2020 ICFR that touches on this issue.

We also know that 33 of the 40 children or 83% had investigations opened within 5 years prior to their death.³³ Of the 33 who had investigations opened, 10 or 25% had 4 or more

³⁰ *Office of the Chief Medical Examiner 2018 Annual Report* at p. 44 available at https://ocme.dc.gov/sites/default/files/dc/sites/ocme/OCME_2018_Annual%20Report.pdf.

³¹ *Office of the Chief Medical Examiner 2019 Annual Report* at p. 34 available at https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/OCME_2019_web.pdf.

³² *Child and Family Services Agency Internal Child Fatality Report Statistics Observations and Recommendations 2020* at p. 19 available at <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

³³ *Id.*

investigations. Given the high number of investigations that ultimately did not prevent these children's deaths, CFSA needs to take a hard look at how investigations are resolved, especially repeat investigations. There is no recommendation in the 2020 ICFR that touches on how investigations are resolved.

Additionally, 23 or 58% of families had one or two in-home or permanency cases opened within 5 years of the child's death.³⁴ Given the number of in-home cases that did not successfully prevent the death of a child, CFSA should look at how it is closing cases and whether it is following best practices for safe closure.

Further, 9 or 22% of families had an open case or open investigation at the time the child died.³⁵ This raises the question of how this could happen while CFSA was involved with the family and what could have been done to prevent the deaths. But there is no specific information provided in the report about this or recommendations to enhance future practice. For instance, did Gabriel Eason have an open in-home case at the time of his death? Were there multiple reports of the abuse that Mackenzie Anderson suffered that were screened out or for which there was an open investigation at the time of her death?

Last, these are not new questions and this is not a new oversight issue. In 2017, I wrote a white paper titled *In Memory of Baby Trinity Jabore* about the starvation death of Trinity on Christmas Day 2016.³⁶ She was only seven weeks old. That case revealed how CFSA repeatedly missed opportunities to prevent Trinity's death, but it appears that CFSA did not learn from that case and nothing has really changed. The public and this Committee should know what opportunities

³⁴ *Id.*

³⁵ *Id.* at 12.

³⁶ Spindel, Marla, *In Memory of Baby Trinity Jabore: Ensuring Better Outcomes for D.C.'s Children and Families*, July 21, 2017, available at https://www.dckincare.org/wp-content/uploads/2019/12/trinity_jabore_paper.pdf.

CFSA had to intervene in all child deaths that were caused by abuse and neglect so that improvements can be made to do better in the future.

Thank you for the opportunity to testify today. I am happy to answer any questions.

DC KINCARE ALLIANCE
RELATIVE CAREGIVER COMMUNITY BOARD
Position Statement on Kinship Navigator Programs

February 2022

Why We Care

The DC KinCare Alliance Relative Caregiver Community Board is a group of 21 relative caregivers raising 26 Washington, DC children. We took in these children because their parents could not take care of them due to: gun violence, incarceration, substance use disorders, and mental health problems. The children we are raising are great kids but they need extra help because of the abuse and neglect they suffered before they came to live with us. We need help because we do not have much money, we were not expecting these children to come to us, and there is a lot to figure out to make sure they have everything they need. Our leaders need to listen to our lived experiences and our ideas about what kinship families need from the government.

What Kind of Help We Need

We face an uphill battle every time we try to get help for these children because the legal, government benefits, healthcare and educational systems are all designed for traditional families, not families that look like ours. It is really hard to figure out what we are supposed to do when we are trying to get the children what they need. We need one place to go to find help for caregivers like us, whether we are trying to get custody to keep the children safe, get financial benefits to feed and clothe them, get a bigger housing unit so they have a proper place to sleep, get them evaluated for an IEP or registered for school, take them to the doctor or dentist, or get them help for developmental, behavioral, or mental health issues. A lot of times, we do not even have basic documents for the children, like Medicaid cards, birth certificates or Social Security cards, and we need those documents to get almost any kind of benefits or services for them.

How We Need to Receive Help

Kinship navigator programs can help us get what we need but they cannot just take our information and send us to different places for different things because we run into so many roadblocks. We need an actual person, like a case manager, to get us emergency help when the children first come to us in crisis with nothing but the clothes on their back. Then, we need that person to help us get documents, walk us through applying for benefits, and add the children to our housing vouchers. We need help and advice from lawyers to get the legal rights to care for these children and understand all our options to keep them safe. **DC's kinship navigator program does not do these things.**

Kinship Navigators Should Not Be Part of the Child Welfare Agency

Kinship caregivers like us do not feel safe, respected, or understood by the DC child welfare agency. Many of us have had bad experiences with child welfare social workers saying one thing but doing another. The bottom line is that we are afraid to ask for help from the child welfare agency because they can always use that against us and try to take our kids away. **Kinship navigators should be separate from the child welfare agency so we can get help from people who are just there for us and who do not answer to the agency for their jobs or their money.**

Inquiries about this Position Statement may be directed to:

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Testimony before the District of Columbia Council
Committee on Human Services
Performance Oversight Hearing
Child and Family Services Agency

February 17, 2022

Marie K. Cohen
Child Welfare Monitor

Good morning! Thank you for the opportunity to testify today. My name is Marie Cohen and I write the blogs *Child Welfare Monitor* and *Child Welfare Monitor DC*. After my first career as a policy analyst and researcher, I became a social worker and served in the District's child welfare system until 2015. Soon after leaving that job, I began writing these blogs to share some of the insights I had gained from my time in the field, and I've been amazed to see both of my blogs acquiring readers and influence beyond my wildest dreams. I take a child-centered approach, placing the safety and wellbeing of the child above all other considerations. I also take a particular interest in translating academic research for a lay audience and exposing misinterpretations of research by those trying to support their point of view. In my testimony today, I'll start by talking about CFSA's performance in child protective services, then continue with in-home services and then foster care. In conclusion, I'll explain why I fear that CFSA is losing interest in these core services in its desire to become a "child and family well-being agency" and why I hope that the Council will encourage a renewed focus on CFSA's primary mission.

My testimony draws from several sources. First, I have used recent CFSA reports including the FY 2021 *Needs Assessment*¹ and the oversight responses recently submitted to the Committee,² as well as the CFSA data dashboard.³ I also share some insights from my service on the Child Fatality Review Committee and as a mentor through BEST Kids for almost seven years. Finally, I draw from the national research and policy trends I that I review for my blog.

CFSA has had some successes in the past year. The agency has returned to a mostly normal service posture after the pandemic-induced transition to virtual services. It has found a creative way to claim federal funds for case management and improved one service for families with substance abuse by bringing it in-house. The agency is increasing the number of professional foster parents, though not by enough so far, and the menu of therapeutic services available to foster youths and their parents through a contract with MBI. It has used federal

funds to add four new staff members to work with schools and families to reduce school absences due to educational neglect. But CFSA is still falling short on meeting its primary missions of keeping District children safe and providing a physically and emotionally safe haven for those children who must be removed from their homes.

Child Protective Services: CFSA's primary mission of protecting children has suffered as the agency has continued to emphasize narrowing the front door.

CFSA often boasts about the drop in the foster care rolls, which have fallen from over 1500 on September 30, 2012 to only 614 on September 30, 2021, crediting its policy pillar of "Narrowing the Front Door." But a drop in foster care numbers is not in itself a positive outcome unless it has been achieved without compromising the safety of children. The choice of "Narrowing the Front Door" rather than "Keeping Children Safe" as the first pillar is not accidental: the goal has become reducing foster care regardless of the impact on child safety. Moreover, CFSA is no longer serving more children in their homes as they place fewer children in foster care; the number of children receiving in-home services has also fallen since 2019, with the total number of children served decreasing from 1994 at the end of FY 2020 to 1904 at the end of FY 2021.⁴

My service on the Child Fatality Review Committee (on which I am thankful to have been joined by Chairperson Nadeau), has revealed many occasions in which CFSA missed chances to protect some of our most at-risk children. I have reviewed death after death of children from families that were the subject of multiple reports to the CFSA hotline dating back many years. Yet these allegations were repeatedly screened out or not substantiated by the agency. CFSA needs to assess the operations of its hotline and investigations, which have both been criticized by the Court Monitor in the past, to make sure that its desire to narrow the front door is not outweighing the concern for child safety. But there is also something the Council can do. I have noticed that many children who later died were at some point assessed to be at high risk but

were left after an investigation with no support or monitoring by CFSA. When I ask why, I am reminded that CFSA cannot open a case if abuse or neglect was not substantiated, no matter how risky the situation appears to be. So whether we can protect a child depends on whether harm has already occurred, not whether it is likely to occur. But not all jurisdictions require substantiation in order to open a case for in-home services or foster care. In Washington State, an allegation does not need to be substantiated for an agency to file a neglect petition in court; the purpose of filing a petition is to “prevent harm” and there is no need to prove that harm already occurred. In Michigan and Minnesota, a case can be opened or a child removed because of “threatened harm,” which can be substantiated as a type of maltreatment. I hope the Council will consider changing DC law to make it possible for CFSA to protect at-risk children before it is too late, even without a substantiated allegation.

In-home services: Services provided through CFSA’s Prevention Services Plan are reaching few people and wasting funds, at the same time as CFSA is failing to provide families with needed behavioral health and other services.

The Family First Prevention Services Act allows CFSA to spend Title IV-E funds for evidence-based family preservation or reunification services to prevent entry or re-entry to foster care. However, only evidence-based practices (EBP) that are approved by the Children’s Bureau’s Prevention Services Clearinghouse can receive federal reimbursement. Currently, the only services receiving Title IV-E funding from HHS are Motivational Interviewing, which is part of CFSA’s case management model, and a home visiting program called Parents as Teachers (PAT) that is run by the Health Department. The other services included in CFSA’s Prevention Plan are funded by Medicaid or other local sources.

CFSA deserves credit for realizing that one practice that is reimbursable under Family First, motivational interviewing, could be incorporated into case management, thus allowing CFSA to collect matching funds for case management for all families receiving services in their

homes. This was a creative way to claiming federal funds despite the flaws of the Family First Act, under which has not brought about the promised bonanza of federal resources for family preservation services. I also applaud the agency for improving the performance of Project Connect since they brought the program in-house. Project Connect provides intensive home-based services to families with an in-home case who are addressing substance abuse. When provided by a contractor, Project Connect struggled to enroll families, but now that it is operated by CFSA, the agency reports that the program has been at capacity since January 2020.⁵ The agency reports 46 families served, and 26 cases closed, with 9 families having disengaged and 17 having completed the program in FY 2021.⁶ Of course the longer-term outcomes of the program in terms of sobriety and child maltreatment remain to be seen and I hope CFSA will be reporting on them.

But the other services provided in CFSA's Prevention Services Plan are reaching few people. According to the FY 2021 Needs Assessment, only 8% of the families referred to DBH received services. Similarly, only 8% of clients referred to the Department of Health home visiting programs, Parents as Teachers and Healthy Families America (HFA, the other DOH-run home-visiting program,) received services.⁷ Most of these referrals were either rejected as not appropriate or withdrawn because the family did not engage.⁸ According to CFSA's oversight responses, CFSA referred 159 families to Mary's Center for home visiting services through the HFA and PAT models in FY 2021, but only 26 of these families were served.⁹ CFSA paid over \$160,000 to Mary's Center to provide PAT in 2021¹⁰; we don't know how many of the 26 families received PAT or completed the program, since data on PAT and HFA are combined. Several other programs included in the prevention plan served between 0 and 4 families, according to the oversight responses.¹¹

At the same time as CFSA was paying \$160,000 to enroll 26 families in PAT, parents and children who wanted basic behavioral health services such as cognitive-behavioral therapy and medication management could not get them because of the crisis in the District's mental

health system that affects all residents who must rely on Medicaid to access services. I hope the Council addresses this crisis. But regardless, there is no gain in accessing federal money to serve no-one. CFSA might as well spend this money on services families need, whether or not they are approved for Title IV-E funding.

Another set of services that is sorely needed for CFSA families are services to address domestic violence. According to CFSA's 2021 Needs Assessment, of 123 child welfare professionals, the largest percentage (64%) ranked domestic violence (DV) as a prevalent risk factor among their clients. It is encouraging that the 2021 Quality Services Reviewers found three-quarters of the families with DV in in-home cases were receiving services.¹² But some of these services were provided by the CFSA social worker themselves, presumably because services were not available. Moreover, the reviewers found that accessing the agency's one DV specialist for consultation was a challenge for social workers and that case managers for only six of the 16 families reviewed were able to obtain such a consultation. I hope that the Committee will choose to add funding for at least one more DV specialist to make sure that caseworkers can benefit from a real expert to determine what their clients need and link them with services. The Needs Assessment also indicates that there is a general shortage of DV services in the District, which I hope the Council will address.¹³

Early care and education is one service which has great potential to prevent maltreatment recurrence among families with in-home cases, but has been largely ignored by CFSA. Guaranteeing a slot in a high-quality preschool like Educare in Ward 7 for every preschool-aged child involved in an in-home case might do more to prevent child abuse and neglect than any other single strategy. We know that high-quality early care and education prevents child abuse and neglect by multiple pathways: easing parental stress, providing family support and parenting education, increasing monitoring by mandatory reporters (at Educare children are checked for abuse daily), and simply reducing the amount of time a child is alone with caregivers and vulnerable to abuse. And indeed, multiple studies link early care and

education with reductions in child maltreatment.¹⁴ I hope the Committee will work with CFSA, the Mayor and OSSE to ensure that all children with in-home cases receive high-quality early care and education.

Foster care is not yet a truly safe haven where youth in CFSA custody can heal from past trauma and address educational deficits.

When CFSA takes the drastic step of removing a child from their home, it has the obligation to make sure the child is placed together with siblings, in the home of either a known relative or family friend if possible, and with all the necessary supports, including mental health services, the best healthcare (including covid-19 vaccines) and educational and vocational supports. And whenever reunification is not possible, CFSA should stop at nothing to support permanency with real or fictive kin. But CFSA is falling short in these areas. Often agency leaders seem to lack the creativity, passion, and outside-the-box thinking that is necessary to make foster care the safe haven that CFSA advertises.

Foster care: CFSA continues to lack appropriate placements for older youth and those with significant behavioral health needs.

The lack of suitable placements for older youth and those with more serious behavioral health needs continues to be a crisis leading to placement disruptions, abscondence, and further deterioration in the mental health of our most vulnerable youth. This issue has been covered in depth the Children's Law Center in their written testimony. In general, I agree with their findings and recommendations on building an adequate placement array but I would add that CFSA may have to consider adding one or more therapeutic group homes as well as increasing its supply of professional foster parents. There are simply not many potential foster parents who are dedicated and gifted enough to take on these very challenging young people.

Too few foster youth are receiving the behavioral health services they need.

Only 18 children were receiving therapy at CFSA in the first quarter of FY 2022, out of the 600+ children in foster care, according to CFSA's oversight responses.¹⁵ That means CFSA's four in-house therapists are being paid to provide therapy to only 18 children, so that each therapist is seeing fewer than five children a week. CFSA did not report on the number of children receiving therapy outside of the agency, but the low number receiving in-house therapy is concerning. Moreover, according to the 2021 Needs Assessment, the percentage of children recommended for therapy who received it went down from 69% in FY 2020 to 40% in the first half of FY 2021.¹⁶ I understand there is a citywide crisis in mental health services, with a catastrophic shortage of providers, not to mention quality, cultural competence and turnover, as the Children's Law Center explains in its written testimony. I join the CLC in urging that this Committee work with the Committee on Health and the rest of the Council to fix the District's behavioral health system. However, until this reform can take place, CFSA must not waste the resources it has allocated for behavioral health for its foster care youth.

I do appreciate, however, that CFSA has added two popular evidence-based therapeutic modalities – Dialectical Behavior Therapy (DBT) and Eye Movement Rapid Desensitization Therapy (EMDR) - through its contract with MBI Health.¹⁷ And I'm also happy that CFSA has included parents of children in foster care in its contract with MBI. However, I'm disappointed that MBI served only 16 of the 28 children and parents referred during FY 2020.¹⁸

CFSA needs to find creative housing solutions to keep siblings together in foster care and to enable children to be placed with kin in foster care, guardianship or adoption.

According to the 2021 Needs Assessment, the Agency has only 50 licensed providers to care for three or more children in foster care. However, there are 194 foster children in a family of three or more siblings, which indicates the need for more foster parents with the capacity and willingness to take groups of three or more siblings.¹⁹ CFSA should look for creative, out-of-the box ideas for increasing placements for sibling groups. For example, CFSA could seek a public-

private partnership to create a community of homes for foster parents who take in large sibling groups, in the mode of SOS Children's Villages in Illinois and Florida.²⁰ Perhaps this could be included as part of a development plan for a parcel owned by the city.

CFSA also needs to be more creative and proactive in finding housing for relatives who want to take in children who have been removed from their families, temporarily or permanently. CFSA's oversight responses state what we already know: "For DC-based kin, the ongoing lack of affordable housing in the District continues to impact the families' ability and/or willingness to provide licensed kinship care."²¹ And it's not just kinship care but also permanency. I recently heard of a teenager being pressured to accept guardianship with a foster parent with whom she is not bonded, even though a relative is willing and available but has been unable to find suitable housing. This is unacceptable. As it did with Wayne Place for youths leaving foster care, CFSA should work with the private sector to create housing for relatives who are providing a home for children in foster care – housing like Plaza West, a building for grandparents raising children that was created without CFSA involvement. It is not acceptable to force children into guardianship with unrelated foster parents because relatives cannot find housing.

CFSA is not making sufficient efforts to ensure educational success for foster youth.

Education outcomes for District foster youth are truly horrendous. Foster youth aged 15-21 for whom Grade Point Average (GPA) information was available had a median GPA of 1.98 in the last academic year, according to the oversight responses.²² And only 68% of the foster youth who were eligible to graduate high school in June 2021 graduated or got a GED by that date.²³ The blame for this abysmal school performance should not be placed entirely on CFSA: most of these children were probably struggling academically when they were removed from home. After all, many of these children came into foster care with a history of chronic

absenteeism and school transfers. But if CFSA is going to remove children, it needs to take responsibility for improving their educational performance regardless of what it was before.

There are some things CFSA can do to improve educational performance among foster youth that have drawn little attention. For one, CFSA needs to make sure that foster parents are involved with the schools that the children in their custody attend. It is well-known that home-school communication is critical to school success. But when I was a social worker at a private agency working with Maryland foster parents of CFSA youth, many foster parents I worked with had never even been to the children's schools, especially when these schools were in the District. They certainly did not attend Back to School Nights and parent-teacher conferences. Foster parents should be told that attendance at these events and regular communication with the schools is required. Secondly, CFSA needs to end the practice of pulling kids out of school for a whole day in order to attend one medical, dental, or court appointment. When I was working in the system, I found that family support workers usually made appointments during school hours because they were busy after school taking youths to family visits or therapy. For the same reason, they usually made these appointments in the middle of the day, ensuring the maximum loss of school time. Requiring foster parents to take children to these appointments might help solve this problem; it should clearly be their job anyway. These two steps, requiring foster parent involvement and stopping system-caused school absenteeism would be a good place to start in improving foster children's school performance. Monitoring the performance of the tutoring provider is another; I've heard too much over the years about incompetent tutors.

OYE Vocational specialists must be replaced.

The 2022 Needs Assessment states “CFSA has identified a gap for career preparation and available employment supports for youths.”²⁴ That’s putting it mildly! In FY 2019 CFSA eliminated OYE’s Career Pathways unit and replaced it with the LifeSet program, which is not dedicated to career preparation or staffed with vocational specialists. There are no vocational training specialists at CFSA, only college specialists. As a result, there are NO youth currently enrolled in vocational training programs, according to the 2022 oversight responses.²⁵ Around the country and here In the District there is a growing recognition that college is not for everyone, especially for those who are not likely to complete it. Many jobs requiring vocational training or apprenticeships provide a path into the middle class and a much better option than college for youths with poor academic skills. At this time of unprecedented labor shortages, it is a shame that the agency is not taking advantage of this opportunity to get our young people into good jobs. In the Needs Assessment CFSA indicates it is working with the Department of Employment Services to address this gap; the Committee should encourage the agency to address it with the urgency and intensity it deserves.

CFSA has neglected its responsibility get foster youth vaccinated

As I have written,²⁶ CFSA seems to be prioritizing parental consent, even when not required by law, over the health of foster children and containment of Covid-19 in the District of Columbia. Moreover, it appears that the agency been reluctant to educate older foster youth about the benefits of vaccines. They don't even know how many foster children have been vaccinated. And they have not reported how many have gotten Covid-19. This is not acceptable.

Conclusion: CFSA appears to have lost interest in its primary mission of protecting abused and neglect children.

In conclusion, CFSA continues to struggle to carry out its primary mandates of investigating allegations of abuse and neglect and responding appropriately with in-home supervision and support and foster care when necessary. Yet, despite these struggles, CFSA is eager to add more responsibilities to its plate. As the agency explains in its oversight responses,

it wants to “transform from a child welfare system to a child and family well-being system.”²⁷

This sounds great on first hearing but does not bear closer scrutiny. Child and family well-being are dependent on all the health, education and human services agencies in the District of Columbia. CFSA is having enough trouble accessing the services of these agencies for its current clients. Why not concentrate on performing its core duties rather than expanding them? I must acknowledge that CFSA is being encouraged on this misguided path by the federal Children's Bureau, which has included the agency in its partnership to do exactly what CFSA is proposing.²⁸ But just because it is being promulgated by the feds does not make it a wise policy.

The expansion into primary prevention through creation of the Family Success Centers is a prime example of this desire to broaden CFSA's mission when the agency struggles to perform its core responsibilities adequately. Prevention of child maltreatment is not in the original mandate of child welfare agencies, and for good reason. If anything, child maltreatment prevention is normally conceptualized as a public health function, which is why home visiting programs are generally provided by health departments. More and more jurisdictions, including our neighbors in Maryland and specifically Baltimore, are investing in Family Connects, which provides a hospital visit from a nurse to every newborn to assess risk and refer to appropriate services. Family Connects has been shown by randomized controlled trials to reduce emergency room visits and hospital stays by 50% in the first year of life and CPS investigations by 44% in the first two years of life.²⁹ The jurisdictions that have adopted Family Connects understand that neighborhood family support centers will never reach the most at-risk children, whose parents are too mentally ill, impaired by drugs, or overwhelmed to recognize that they need help.

I have some ideas about why CFSA (and the Children's Bureau for that matter) appears to have lost interest in its core mandate of protecting children and providing a safe haven for those who must be removed from their homes. But until we figure out how to prevent child maltreatment, and even after we do, there will still be maltreated children who need to be

protected. CFSA may have lost interest in these duties, but it is up to the Committee and the entire Council to remember our most vulnerable children and make sure the agency performs its core mandates.

¹ CFSA, *Annual Needs Assessment: A Lookback at Fiscal Year 2021 Activities to Inform Planning for Fiscal Year 2023*. Undated, https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

² CFSA, *FY 2022 Performance Oversight Responses*, <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³ See cfsadashboard.dc.gov.

⁴ Cohen, Marie, “CFSA data for last quarter of FY 2021: foster care cases continue to fall.” *Child Welfare Monitor*, November 29, 2021, <https://childwelfaremonitordc.org/2021/11/29/cfsa-data-for-last-quarter-of-fy-2021-foster-care-cases-continue-to-fall/>.

⁵ CFSA, *FY 2021 Needs Assessment*, pp. 97-101.

⁶ CFSA, *2022 Performance Oversight Responses*, p. 25.

⁷ CFSA, *FY 2021 Needs Assessment*, pp. 16-17.

⁸ CFSA, *FY 2021 Needs Assessment*, p. 16-17.

⁹ CFSA *2022 Performance Oversight Responses*, p. 26

¹⁰ CFSA *2022 Performance Oversight Responses*, page 27.

¹¹ CFSA, *2022 Performance Oversight Responses*, pp. 25-26.

¹² CFSA, *FY 2021 Needs Assessment*, pp. 44-46.

¹³ CFSA, *FY 2021 Needs Assessment*, p. 46.

¹⁴ Cohen, Marie, “Early Care and Education: A Missing Piece of the Child Welfare Puzzle.” *Child Welfare Monitor*, March 5, 2018, <https://childwelfaremonitor.org/2018/03/05/early-childhood-education-a-missing-piece-of-the-child-welfare-puzzle/>.

¹⁵ CFSA, *2022 Performance Oversight Responses*, pp. 72-23. The Table lists 21 children receiving individual therapy during FY 22 to date, of which 3 were no longer active.

¹⁶ CFSA, *FY 2021 Needs Assessment*, p. 105.

¹⁷ CFSA, *FY 2021 Needs Assessment*, p. 112.

¹⁸ CFSA, *FY 2021 Needs Assessment*, p. 113.

¹⁹ CFSA, *FY 2021 Needs Assessment*, p. 71. See also pp. 57-59.

²⁰ See <https://www.sosillinois.org/>, www.sosflorida.org.

²¹ CFSA *2022 Performance Oversight Responses*, p. 121.

²² CFSA, *2022 Performance Oversight Responses*, p. 172.

²³ CFSA, *2022 Performance Oversight Responses*, p. 172.

²⁴ CFSA, *FY 2021 Needs Assessment*, p. 134.

²⁵ CFSA, *FY 2022 Performance Oversight Responses*, p. 173.

²⁶ Cohen, Marie, “Vaccinating foster youth not the top priority for CFSA.” *Child Welfare Monitor DC*, September 12, 2021, <https://childwelfaremonitordc.org/2021/09/12/vaccinating-foster-youth-not-the-top-priority-for-cfsa/>.

²⁷ CFSA *FY 1022 Performance Oversight Responses*, page

²⁸ US Children’s Bureau, “First-of-Its-Kind National Partnership Aims to Redesign Child Welfare into Child- and Family- Well-being Systems” (Press Release). September 9, 2020, <https://www.acf.hhs.gov/media/press/2020/first-its-kind-national-partnership-aims-redesign-child-welfare-child-and-family>.

²⁹ See <https://familyconnects.org/family-connects-model/evidence/>; <https://familyconnects.org/family-connects-model/family-connects-sites/>. See also Cohen, Marie, “Targeted Universalism in Child Maltreatment Prevention: The Promise and the Challenge.” *Child Welfare Monitor*, April 27, 2021,

<https://childwelfaremonitor.org/2021/04/27/targeted-universalism-in-child-maltreatment-prevention-the-promise-and-the-challenge/>.



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Testimony Before the District of Columbia Council
Committee on Human Services
February 17, 2022

Public Hearing:
Performance Oversight Hearing
Child and Family Services Agency

Tami Weerasingha-Cote
Supervising Policy Attorney
Children's Law Center

Introduction

Good morning, Chairperson Nadeau and members of the Committee. My name is Tami Weerasingha-Cote. I am the Supervising Policy Attorney at Children's Law Center¹ and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a stable family, good health, and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

Thank you for this opportunity to testify regarding the performance of the Child and Family Services Agency (CFSA) over the past year. Each year, Children's Law Center attorneys serve as guardians-ad-litem for several hundred children in foster care and protective supervision – approximately half of all children in the care and custody of CFSA.² Children's Law Center also has teams of attorneys dedicated to helping families secure special education services for their children, address unhealthy housing conditions, and obtain custody or guardianship of children in their extended family.³ As a result, we not only have expertise in the issues impacting children who are already in the care and custody of CFSA, we also have insight into systemic issues affecting the broader population of families most likely to be impacted by CFSA's policies and practices, including its prevention efforts.

In many ways, this past year reflects the start of a new chapter for CFSA. On June 1, 2021, the court issued a final order approving the settlement agreement in *LaShawn v. Bowser*, ending more than 30 years of federal court litigation and oversight over the agency's operations.⁴ CFSA is also under new leadership – with long-time former Director Brenda Donald leaving the agency, and Robert Matthews taking over as the agency's Director.⁵ Since stepping into his new role, Director Matthews has shared bold and expansive plans to transform DC's child welfare system into a "child well-being system" that is focused on prevention, committed to strengthening families and empowering communities to care for their children, and moving away from government intrusion into families.⁶

Children's Law Center is excited for these changes and generally supportive of the direction Director Matthews wants to take CFSA. We also appreciate CFSA's increased engagement and partnership over the past year. In addition to CFSA's leadership continuing to meet with us regularly and facilitate discussions with CFSA's key placement agencies, CFSA proactively communicated with us regarding major changes to its operations this year. CFSA also worked with Children's Law Center, the Office of the Attorney General, and CFSA's largest placement provider, the National Center for Children and Families (NCCF), to design and implement a joint workshop series intended to improve teaming among all of us. In 2021, CFSA's Office of Youth Empowerment (OYE) met with our attorneys monthly to discuss the status of youth in

extended care due to the pandemic.⁷ Although extended care ended in October 2021, OYE is continuing to host quarterly meetings where advocates can raise systemic issues impacting older youth as well as case-specific questions. CFSA also invited Children's Law Center to join its Citywide Prevention Group, which brings leadership and program staff from across DC government and local community-based organizations together to develop, implement, and provide oversight for the District's efforts to transform its child welfare system into a child and family well-being system.⁸ Overall, we commend CFSA for increasing transparency in its operations, seeking out deeper stakeholder engagement, and working on improving coordination and communication with its sister agencies.

Despite these improvements and exciting plans for system transformation, however, serious problems with CFSA's core functions continue to exist. Too many of our clients struggle to find stable and appropriate placements that meet their needs. Too often, our clients struggle to access quality behavioral health services in a timely manner. These are not new challenges – we have testified about CFSA's placement crisis and inability to provide adequate behavioral health supports for children in care for several years.⁹ Nor are these easy or simple problems to fix. Although CFSA has made efforts to improve its placement array and increase access to behavioral health services over the past year, the agency has not been successful at resolving either issue.

Further, although we are generally supportive of the agency's increased focus on prevention, we are concerned that some of the agency's practices are raising questions about the efficacy of this prevention work. Some advocates and members of the community have even taken the position that CFSA is frequently leaving children in dangerous situations and that the agency should be quicker to remove children from their families.¹⁰ We do not share this position and fully support the agency's efforts to keep children with their families and provide family-strengthening services whenever possible, and to only remove children from their families as a last resort. To be successful and sustainable in the long run, however, CFSA's prevention work must also include improved transparency and accountability mechanisms.

My testimony today will first examine CFSA's placement crisis – specifically, the lack of appropriate placements for older youth and children with significant behavioral health needs – and its consequences for children and youth in care. My testimony will then discuss how CFSA-involved families and children are impacted by the lack of timely access to quality behavioral health supports and services. The final portion of my testimony will describe several promising components of CFSA's prevention work, but also identify two areas where additional transparency, communication, and accountability are needed: safety planning (also known as “diversion” or “informal arrangements”) and child fatality reporting.

CFSA's Lack of Placements for Older Youth and Children with Significant Behavioral Health Needs Continues to Harm Children

CFSA has long recognized the importance of expanding its placement array to include more options designed to meet the needs of special populations of foster children – including older youth and children with significant behavioral health needs.¹¹ Despite its efforts, however, the agency still lacks appropriate placements for foster children requiring higher levels of support. As a result, these children experience high rates of placement disruption and instability, causing them further trauma, anxiety, and pain.¹²

Over the past two years, CFSA has sought to expand its placement array through the establishment of specialized, family-based placements, including:

- Special Opportunity for Youth (SOY) homes, which have specially trained providers for foster youth who require a higher level of support for challenging needs;
- Stabilization, Observation, Assessment and Respite Services (SOAR) homes, which are professional resource parent homes that provide temporary care for children who need comprehensive assessment to identify appropriate placement needs;
- Professional Resource Parents for pregnant and parenting youth, which have professional resource parents who are paid a salary to provide intensive supports to pregnant and parenting youth; and

- Intensive Foster Care, which offers therapeutic placements and additional supports for children with significant behavioral health needs or who are otherwise at risk of placement instability.¹³

In December 2021, CFSA's efforts to improve its placement array suffered a serious setback when Children's Choice, CFSA's intensive foster care provider, asked the agency to terminate its contract.¹⁴ In 2019, CFSA contracted with Children's Choice to provide up to 36 intensive foster care placements for children at risk of placement instability because of prior significant foster care placement disruptions, placement instability prior to entering CFSA's care, and/or multiple incidents of physical or verbal aggression, persistent failure to follow household rules, destruction or stealing of property or pending criminal charges.¹⁵ From the start, Children's Choice struggled to maintain adequate staffing levels (a problem that was exacerbated by the pandemic) and struggled with the complexity of the cases they were assigned, which ultimately led to the early termination of their contract.¹⁶ Although some children still remain in Children's Choice foster homes, all case management services are provided by CFSA and no new placements will be made in Children's Choice homes.

Losing 36 intensive foster care placements has severely impacted CFSA's placement array. Although the agency is working on identifying a new provider for these services, there is no timeline for when this will get done. In the meantime, CFSA has taken steps to increase placement options for children needing higher levels of

support – including the addition of four professional foster parent homes with capacity to serve up to two children each and contracting with St. Vincent’s Villa to provide residential treatment services for children with significant behavioral health needs.¹⁷ Although helpful, neither of these efforts are sufficient to resolve CFSA’s placement crisis – more must be done.

The inadequacy of CFSA’s placement array is reflected in both CFSA’s data reporting and in our own clients’ experiences. In FY21, 148 foster children (approximately 24% of all children in CFSA’s care) experienced three or more placement changes, and of these, 55 foster children experienced five or more placements during the year – all increases compared to FY20.¹⁸ As of December 31, 2021, CFSA reported more than thirty children in abscondence, some for over a year – also an increase compared to the previous year.¹⁹ In FY21 and FY22 to date, 41 foster children stayed at Sasha Bruce’s homeless shelter for youth – approximately half of these children were 14 years old or younger, and 15 foster children stayed at the shelter for three weeks or longer.²⁰

According to CFSA’s FY 2021 Needs Assessment, teens and older youth make up 62 percent of placement disruptions.²¹ CFSA identified the following contributing factors to placement disruption: behavioral and/or psychiatric concerns, criminal justice involvement, child sexual exploitation concerns, substance abuse, intellectual disability with significant mental health concerns, teen parent, and autism with behavioral health

concerns.²² When we consider this information together with the high rates of placement disruption, abscondence, and lengthy homeless shelter stays reported by CFSA, it seems clear that CFSA's placement array lacks appropriate placements for teens and older youth who need higher levels of support – and the resulting instability only causes these children further trauma, anxiety, and pain.²³ This conclusion is further supported by our own analysis of Children's Law Center cases.

We reviewed nearly 400 of our recent guardian-ad-litem cases and found that approximately one-third of our clients experienced some form of placement instability within the last year or so, including:

- Nearly 60 children who absconded from their placement within the last year – most of them on multiple occasions,
- 21 children sent to respite care because no other placement was available,
- Five children sent for extended home visits because no other placement was available, and
- Four children kept at a hospital or residential facility past their discharge date due to a lack of placement options.

Beyond these general categories, dozens of our clients have experienced more particularized forms of placement instability, such as the inability to find a placement due to gender identity, placements that are not supportive of their specific behavioral

health or educational needs, and placements that are unstable due to conflicts with other residents of the home.

The data reported by CFSA, our own internal case analysis, and the stories we hear from our clients show us the consequences of CFSA's inadequate placement array – instability and insecurity for our highest needs foster children and youth. We would like to see CFSA increase its attention and redouble its efforts to build an adequate placement array that meets the needs of all children in care. In particular, we would like to see the agency:

- Continue to invest in and build capacity in specialized family-based placements (including SOY homes, SOAR homes, intensive foster homes, and professional foster homes);
- Proceed with urgency to select a replacement provider for Children's Choice, and set the new provider up for success by providing for adequate staffing, thorough preparation, and effective supports; and
- Increase its capacity to be creative and flexible in developing individualized solutions for foster children who struggle to find stable placements.

Over the last decade, CFSA has successfully narrowed the Front Door to the point where DC only has approximately 600 children in foster care – and an even smaller subpopulation that is struggling with placement.²⁴ The agency should be more willing

and able to craft child-specific solutions for children who find it difficult to find placements within CFSA's existing array. These solutions could include additional independent living or subsidized housing options for older youth and pregnant and parenting youth,²⁵ as well as creating more options for supporting children and youth who are in abscondence or staying in unapproved placements.

We urge this Committee to remain focused on placement as a top priority for oversight and for budget. More specifically, we ask this Committee to support any investments the agency needs to make in expanding its placement array, but also to hold the agency accountable for making measurable progress and improving stability for children in care.

Lack of Behavioral Health Services for CFSA-Involved Children and Families is an Obstacle to Family Stability

In 2018, CFSA's Office of Well-Being redesigned its mental health services program with the twin goals of: (1) ensuring timely and accessible services; and (2) centralizing mental health assessments, in-house direct therapy, and medication management.²⁶ To these ends, CFSA staffed its mental health team with four full-time in-house therapists and one psychiatric mental health nurse practitioner.²⁷ This team conducts initial assessments and screenings, has some capacity to provide short-term treatment services, and provides referrals for longer-term or higher level therapeutic services.²⁸ Recognizing that many foster children need behavioral health services beyond what the in-house team can support, and seeking to facilitate quicker access to

these services, CFSA contracted with mental health provider MBI Health Services in 2019 to provide out-patient therapeutic services for CFSA- involved children, youth, parents, and caregivers.²⁹ CFSA also refers foster children to DBH for therapeutic services.³⁰

Despite these efforts by CFSA, meeting the behavioral health needs of CFSA- involved children and their families ultimately requires the District to have a functioning behavioral health system. The vast majority of behavioral health services needed by CFSA-involved children and families must be provided by DBH, through its core services agencies and DC's network of providers who accept Medicaid. It is simply not possible for CFSA alone to develop the in-house capacity needed to meet all the behavioral health needs of CFSA-involved children and families. To expect this would be akin to expecting CFSA to build a separate healthcare system to meet all the physical health needs of CFSA-involved children and families.

Unfortunately, the District's behavioral health system for children and families is broken. Our system lacks both breadth and depth – it does not include the full spectrum of services our children need, and for the services we do have, the capacity is insufficient to meet the need.³¹ As a result, over the past year, the services our clients have most frequently struggled to access include some of the most basic services our system should be able to provide them – individual and family therapy, counseling, substance abuse treatment, and medication management appointments.

Far and away the biggest obstacle to our clients accessing critical services is the lack of behavioral health care providers in the District. Our clients are frequently unable to find providers offering the services they need – or if they manage to find a provider, the waitlist for an appointment is prohibitively long.

Even when our clients successfully connect with a provider, they encounter issues of quality and cultural competence (issues that are both rooted in the overall lack of providers), as well as frequent turnover. The services our clients need most – therapy and counseling – rely on interpersonal connections. Providers with appropriate language skills and cultural competence are critical to these services being successful. Frequent turnover and inconsistent provider availability also make it very hard for children to stay engaged with their services. We have also found that some providers lack the time and attention our clients need – resulting in poor communication and inconsistent care. Overstretched providers are undoubtedly another symptom of the District’s overall lack of providers.

Failing to meet the behavioral health needs of foster children and youth undermines their ability to achieve stability and permanency and contributes to the high rates of placement disruption discussed above.³² Further, unmet behavioral health needs are obstacles to children overcoming the traumas they have experienced and can prevent children from succeeding in school, finding stable housing and employment as adults, and building positive relationships throughout their lives.³³

More broadly, DC's lack of a functioning behavioral health system means that CFSA-involved families whose children have not yet been removed – families with in-home cases, and families on CFSA's Front Porch or Front Yard³⁴ – also struggle to access behavioral health supports and services. Families with in-home cases are supposed to access mental health services through DBH. Although CFSA's Office of Well-Being provides some assistance with connecting these families with DBH, CFSA does not track the extent to which the families are able to access these services through DBH.³⁵

CFSA also relies on DBH to provide a variety of interventions for families at risk of having a child removed – yet there are too many instances where families never receive these services.³⁶ For example, in FY2021, CFSA referred 19 families to DBH for Trauma-Focused Cognitive Behavioral Therapy, but zero families actually received services, CFSA referred 27 families to DBH for Functional Family Therapy, but only four families received services, and CFSA referred 12 families for Child Parent Psychotherapy for Family Violence, but only two families received services.³⁷

These are the families that should be the focus of our prevention efforts – where we should be doing everything we can to prevent children from being removed from their families and entering foster care. Access to behavioral health services, for parents, caregivers, and children is mission critical to keeping these families together safely. Failure to provide behavioral health services makes it more likely that these families will end up having their children removed and placed in foster care.

Although CFSA alone cannot reform the behavioral health system for children and families, the agency is still responsible for working towards meeting the behavioral health needs for CFSA-involved children and families. To this end, we would like to see CFSA deepen and expand its relationships with DBH and behavioral health service providers so the agency can create easier and more reliable pathways for children and families to access services. Because overhauling DC's behavioral health system will require the efforts of multiple agencies over many years,³⁸ we also want CFSA to continue to build its in-house capacity for providing behavioral health services.

We ask this Committee to view access to behavioral health services as a top priority for both oversight and budget this year. Further, we urge this Committee to work with the Committee on Health and the rest of the Council to fully reform DC's behavioral health system for children and families. To help with this endeavor, we urge the Council to consider the recommendations made in *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, a newly released report from Children's Law Center and its partners that provides a comprehensive blueprint for creating a successful public behavioral health system for children and families in DC.³⁹

CFSA Should Continue to Focus on Prevention, but Increased Transparency and Accountability Are Needed

Through our experiences representing children in foster care for over two decades, we have learned firsthand that removing children from their families causes

harm. Sometimes the danger and harm children are experiencing in their homes outweighs the harm of removal, but it's important to recognize that under any circumstances, removing children from their families causes harm – and that harm must be considered when developing policies and practices around when to remove children from their homes.

Over the last few years, CFSA has increased its focus on prevention – building out programs, policies, and practices aimed at identifying families at risk of having their children removed and providing them with the supports and services needed to stay together safely.⁴⁰ More recently, CFSA has expanded this work to include strengthening existing community supports and services – so that families who need help can receive the supports they need to stay together safely without government intrusion or monitoring.⁴¹

Children's Law Center is generally supportive of CFSA's prevention efforts and shares the agency's goal of keeping children safe and together with their families whenever possible. In many ways, removal is the easy choice for the agency – it is much harder to parse out situations where families can safely stay together and provide them with effective supports that remediate risk of harm to the child. We therefore commend CFSA for not defaulting to removal in all circumstances, but rather working to build a nuanced system that views removal as a last resort.

Children's Law Center is concerned, however, that some of CFSA's practices related to safety planning (also known as "diversion" or "informal arrangements") and child fatality reporting are undermining the agency's prevention efforts. We believe increased transparency, improved communication, and more robust accountability are needed in these areas to help CFSA accomplish its goal of keeping children together with their families safely. The balance that CFSA is trying to strike of keeping families together whenever possible but also not leaving children in dangerous or fatal situations is a tricky one. Transparency and communication are needed for community stakeholders to understand *how* CFSA intends to strike this balance – and accountability is necessary for us all to assess how successfully we are striking the right balance and determine whether adjustments to policy or practice must be made.

CFSA Prevention Work Highlights: Caregiver Subsidies, Family Success Centers, and the Warmline

We want to highlight three particularly promising areas of CFSA's prevention work from the past year: (1) expanding access to the Grandparent and Close Relative Caregiver subsidies; (2) continuing investment in the Family Success Centers; and (3) developing a Warmline resource to connect families with community supports and services instead of a potential child welfare investigation, when child safety is not an issue.

CFSA's Grandparent and Close Relative Caregiver subsidy programs provide financial and other supports to caregivers who take in children who would otherwise

be at risk of entering foster care.⁴² In FY21, these programs reached hundreds of families, providing much-needed financial support and stability and almost certainly keeping children out of foster care.⁴³ Given the need for and efficacy of these programs, Children's Law Center commends CFSA and this Committee for working together on legislation that will increase access to these programs by eliminating certain eligibility requirements.⁴⁴

CFSA opened ten Family Success Centers in FY 2020 as part of the Families First DC initiative – and plans to open an eleventh center this year.⁴⁵ Family Success Centers are intended to both: (1) support better integration and delivery of existing services to their community and (2) develop new initiatives to deliver previously unavailable services that meet the specific needs of their community. In FY 2021, the ten Family Success Centers collectively served 16,038 families⁴⁶ and received 7,738 requests for services.⁴⁷ During FY 2022 (October and November 2021), the Family Success Centers received 3,452 service requests – indicating a significant increase in engagement by the community.⁴⁸ The most frequently requested services include food, whole family enrichment, youth recreational activities, and housing supports – demonstrating that Family Success Centers are being asked to meet needs that are often at the root of family instability and child welfare issues.⁴⁹ We applaud the agency for its continued investment in Family Success Centers and hope to see increased engagement from the community in this next year as we move further away from the height of the pandemic.

Finally, in FY 2021, CFSA became a Thriving Families, Safer Children jurisdiction, marking an intentional shift in how the Agency views its role in preventing child abuse and neglect.⁵⁰ As part of this work, CFSA is working on establishing a community-based Warmline to redirect calls from the Child Protective Services (CPS) Hotline when they are not safety-related to resources that can provide supports to families without government involvement. Although this work is in its early stages, we are excited to see CFSA take concrete steps towards reframing concepts of poverty and neglect with a view to providing help to families in need (rather than investigating them). We are pleased that CFSA is including community stakeholders (including Children's Law Center) and representatives from a broad spectrum of government agencies in the Committees tasked with developing the Warmline concept and look forward to seeing this project move forward over the coming year.⁵¹

CFSA's Safety Planning Policies and Practices Need Clarity and Accountability

In our experience, CFSA employs several alternatives to removal when the agency has concerns regarding a child's safety or well-being. The most straightforward option is the opening of an in-home case, which occurs when there is a substantiated allegation of abuse or neglect, but the agency determines that the child can be maintained safely in their home with in-home services.⁵² For in-home cases, the agency has fairly well-developed policies and procedures that detail the levels of services,

support, and monitoring cases should receive, as well as established data collection and outcome reporting practices.⁵³

The circumstances under which CFSA employs “diversion,” “safety planning,” or “informal arrangements,” are much less clear. In June 2020, the agency released an administrative issuance intended to provide more clarity around what constitutes a “diversion.”⁵⁴ Disparities between the number of diversions the agency reports occurring (very low) and the number of diversions advocates and families in the community report experiencing (very high), however, suggest confusion remains about the circumstances under which a case is diverted, and what the agency’s process is for determining whether a diversion is appropriate (and what supports will be provided).⁵⁵

Similar confusion exists around safety planning and informal arrangements. Although the agency does have policies governing safety planning, our attorneys have seen safety planning used in many different circumstances – with varying impacts on the living situations of the children we represent and their families. The distinctions between diversion, safety planning, or informal arrangements are not clear to us. As a result, when these situations are harmful to the children we represent or their families, it is not clear to us whether the problem is a policy issue (i.e., we disagree with how the agency has decided to approach this kind of case) or a practice problem (i.e., the agency workers in our case are not complying with agency policy). This is an obstacle to us effectively advocating for the best interests of our clients.

We have shared these concerns with CFSA, and the agency acknowledged there is confusion in this area and indicated they are working to clarifying the relevant policies and practices. We appreciate CFSA's candor in discussing this issue with us and urge the agency to act quickly to clarify its policies and practices. We would like to see the agency be fully transparent about the circumstances under which different alternatives to removal may be employed by the agency and the factors considered – and to communicate this information clearly to agency staff, advocates, community stakeholders, and the families themselves.

Further, we would like the agency to develop more robust accountability measures regarding the use of alternatives to removal. Although we are fully supportive of CFSA seeking to avoid removal whenever possible, there must be accountability for those decisions. When CFSA decides not to remove a child because it believes they can remain safely in their home or with kin, we need to determine whether that child did indeed remain safe, and whether the family got the supports they needed. This can and should be done without heavy-handed government surveillance or intrusion on families – CFSA can cross-check hotline reports, investigations, and substantiated allegations against families who had diversions, safety plans, and informal arrangements. Community organizations can check in with these families to see if they were able to access the supports they needed (or identify new needs). But none of this is possible if CFSA does not track its use of these alternatives to

removal. Currently, CFSA does not track safety plans or informal arrangements – and its data reporting regarding diversions is inconsistent with families’ experiences. We therefore urge CFSA to develop accountability measures for this work, so we can evaluate its efficacy and adjust as needed.

CFSA’s Child Fatality Reporting Has Improved – But Increased Transparency is Needed

Each year, CFSA publishes an annual report that includes aggregated data and practice recommendations based on CFSA’s internal child fatality reviews over the past year.⁵⁶ Our testimony last year noted the need for greater detail and increased analysis in this reporting.⁵⁷ We were therefore very pleased to see CFSA’s most recent report provided greater detail without compromising confidentiality.⁵⁸ For example, this most recent report provided more details regarding the manner of death in each case, family background, prior CFSA involvement, other system involvement by the child or family, and other relevant factors regarding the child’s history.⁵⁹ Providing this level of information allows for a deeper, more thoughtful analysis of child fatalities in the District.

CFSA’s report, however, still lacks insight into whether improvements to policy, practice, or system structure should be made in response to what we’ve learned from these child fatalities. Although the report contains some useful information regarding the level of involvement families had with CFSA and other government agencies, there is no understanding of how the Agency interprets this data.⁶⁰ There is no discussion of

whether the families in these cases could have been supported better in some way (by CFSA or another government agency) and no discussion of lessons learned. The recommendations made in the report are high level and are unconnected to abuse and neglect deaths or pattern data.

We would like this report to explicitly address the question of whether our system, as designed, has gaps that need to be addressed; whether the system design is working and we just need better implementation of existing policies and procedures; or whether these deaths were simply not preventable, even with perfect system design and implementation. We have raised these concerns with CFSA, and they have expressed a willingness to explore how they would better be able to achieve this level of analysis. We look forward to continuing our discussions with them on this issue.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians, and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. We multiply this impact by advocating for city-wide solutions that benefit all children.

² Children’s Law Center attorneys represent children who are the subject of abuse and neglect cases in DC’s Family Court. CLC attorneys fight to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children’s Law Center, About Us, *available at*: <https://www.childrenslawcenter.org/content/about-us>. The term “protective supervision” means a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).

³ Children’s Law Center, *Our Impact*, available at: <https://childrenslawcenter.org/our-impact/>.

⁴ *LaShawn A. v. Bowser*, Civil Action No. 89-1754 (TFH) Final Order (June 2021). *LaShawn A.* was a Federal class action suit that was filed in 1989 on behalf of the District of Columbia’s abused and neglected children. The lawsuit, initially captioned *LaShawn A. v. Barry*, challenged virtually every aspect of the District’s child welfare system and sought expansive reform of the city’s child welfare agency. Following the trial, Judge Hogan concluded that the child welfare system was in “shambles” and issued a lengthy opinion finding in favor of the Plaintiff children. The District appealed the decision, which was affirmed in part and remanded in part. On remand, Judge Hogan approved an extensive remedial order imposing numerous requirements, changes, and reforms in every area of the child welfare system and bringing a court-appointed Monitor into the case. This Modified Final Order (MFO) controlled the case until June 2021. The Center for the Study of Social Policy (CSSP), a non-profit organization based in the District, served as the court appointed Monitor. See Children’s Law Center, *Overview of the LaShawn A. Litigation*, Practice Kit, available at: https://childrenslawcenter.org/wp-content/uploads/files/attachments/resources/PK4_II.%20LaShawn%20A.%20Information_0.pdf.

⁵ PR24-0396 - Child and Family Services Agency Robert Matthews Confirmation Resolution of 2021, deemed approved, see <https://lims.dccouncil.us/Legislation/PR24-0396>.

⁶ CFSA Stakeholder Engagement Forum, October 2021, slides on file with the Children’s Law Center.

⁷ In 2020, thanks to the leadership of this Committee and Chairperson Nadeau and with the support of CFSA, the Council passed legislation that gave youth who would otherwise “age out” of care during the pandemic the option of staying in foster care for up to 90 days after the end of the public health emergency. Extended care ended in October 2021. For the temporary amendment to D.C. Code § 16-2303(b), see § 503(b)(1) of Coronavirus Support Second Congressional Review Emergency Amendment Act of 2020 (D.C. Act 23-405, Aug. 19, 2020, 67 DCR 10235).

⁸ Thriving Families, Safer Children Steering Committee, *The District of Columbia’s Child and Family Well-Being System Blueprint*, Version 1.0, 2021, on file with the Children’s Law Center.

⁹ Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 19-23, (February 25, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Feb.-25-2021-CFSA-Oversight-Hearing_FINAL.pdf; Judith Sandalow, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 5, (February 12, 2020), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/JSandalow-CFSA-FY2019-Oversight-Testimony-FINAL.pdf>; Aubrey Edwards-Luce, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 3,5, (February 12, 2020), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/CFSA-Performance-Oversight-Testimony_AEL_Final.pdf; Aubrey Edwards-Luce, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, p. 3-4, (February 26, 2019), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/AEL-CFSA-FY2018-Oversight-Testimony-FINAL.pdf>.

¹⁰ Jonetta Rose Barras, *Children at risk: Abuse and neglect investigations are opened too late and closed too soon*, The DC Line, (December 23, 2021), available at: <https://thedcline.org/2021/12/23/children-at-risk-abuse-and-neglect-investigations-are-opened-too-late-and-closed-too-soon/>.

¹¹ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 67-69, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. In FY20, CFSA did not reach its goal to add 15 beds for teens in DC, it only added 7 beds for teens. CFSA did not report newly developed homes for pregnant and parenting youth but stated it would continue outreach and design strategies to recruit resource parents for this population. Only two beds in

FY20 were developed for children with special needs, including the medically fragile, intellectually delayed (ID), and children on the autism spectrum. See CFSA FY2020 Performance Oversight Responses, response to Q85 (d), (e), (f), and (g), available at: <https://dccouncil.us/wp-content/uploads/2021/03/FY20-21-CFSA-POH-PreHearing-Responses-FINAL2.pdf>. In FY19, CFSA added 15 new foster beds for teenagers including youth meeting the Specialized Opportunity for Youth (SOY) criteria. Additionally, the Agency met its goal of adding three homes for pregnant and parenting teens. Finally, three out of the 32 homes developed in FY2019, were for children with special needs. See CFSA FY2019 Performance Oversight Responses, response to Q97 (d), (e), (f), and (g), available at: <https://dccouncil.us/wp-content/uploads/2020/02/cfsa20.pdf>. In FY2018, the goal to increase the number of new foster home beds for teenagers by 25 percent was not achieved. CFSA did hire on three professional parents for pregnant and parenting youth. Finally, five out of the 73 homes developed in FY2018, were for children with special needs. See CFSA FY2018 Performance Oversight Responses, response to Q84 (d), (e), (f), and (g), available at: <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>.

¹² Fisher PA, Mannering AM, Van Scoyoc A, Graham AM. *A translational neuroscience perspective on the importance of reducing placement instability among foster children*. Child Welfare. 2013;92(5):9-36; Casey Family Programs, *What impacts placement stability?*, Strategy Brief, (August 2018), available at: <https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF-Placement-stability-impacts-2021.pdf>; Vreeland A, Ebert JS, Kuhn TM, Gracey KA, Shaffer AM, Watson KH, Gruhn MA, Henry L, Dickey L, Siciliano RE, Anderson A, Compas BE. *Predictors of placement disruptions in foster care*. Child Abuse Negl. (January 2020), doi: 10.1016/j.chiabu.2019.104283.

¹³ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 75-76, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

¹⁴ CFSA FY2021 Performance Oversight Responses, response to Q102, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

¹⁵ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 76-77, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

¹⁶ CFSA FY2021 Performance Oversight Responses, response to Q102, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

¹⁷ This is a congregate care setting, not a family-based setting. Catholic Charities, St. Vincent's Villa, available at: <https://www.catholiccharities-md.org/services/st-vincents-villa/>.

¹⁸ CFSA FY2021 Performance Oversight Responses, response to Q110, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. In FY20, 134 children and youth in foster care experienced three or more placement disruptions (approximately 20% of all children in CFSA's care), and of these 53 children experienced five or more placement disruptions. See CFSA FY2020 Performance Oversight Responses, response to Q82, available at: <https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses-FINAL.pdf>.

¹⁹ Please note that Q102 in CFSA FY2021 performance oversight responses states December 31, 2020, but we believe it's a typo because the number is different from what was reported the prior year (CFSA FY20 performance oversight responses, response to Q81), which reported up until December 31, 2020. See CFSA FY2021 Performance Oversight Responses, response to Q102, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. For FY2020, CFSA reported that as of December 30, 2020, that twenty-eight children were in

abscondence. In FY2020, four children were in abscondence for 13-24 months and one child was in abscondence for over 2 years. See CFSA FY2020 Performance Oversight Responses, response to Q81, available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

²⁰ CFSA FY2021 Performance Oversight Responses, response to Q117, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²¹ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 67, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. The needs assessment looks to FY 2021 Q1-Q2 (October 1, 2020 – March 31, 2021). CFSA reported for the total of FY21 that teens (age 13-17) and older youth (18+) made up 47 percent of placement disruptions. See CFSA FY2021 Performance Oversight Responses, response to Q110, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²² Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 67-68, November 1, 2021, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf.

²³ Children with multiple placements have a greater risk of developing behavioral challenges than children in stable placements. Moreover, children in multiple placements have been found to have delayed permanency outcomes, academic difficulties, and struggles to develop meaningful attachments. Casey Family Programs, *What impacts placement stability?*, Strategy Brief, (August 2018), available at: https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts_2021.pdf.

²⁴ Child and Family Service Agency (CFSA), *Four Pillars Performance Report*, (January – June 2021), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/January-June_2021_Four_Pillars_Performance_Report_FINAL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q109, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²⁵ Pregnant and parenting youth require placements that can support and prepare them for independence as well as parenting. Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 60, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. Mary Elizabeth House is designed to support transitional living for pregnant and parenting youth. CFSA FY2020 Performance Oversight Responses, response to Q123, available at:

https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

Youth who are pregnant and parenting may also live with a resource parent, a professional foster home, Caitlin's Place, Wayne Place. CFSA FY2021 Performance Oversight Responses, response to Q145(b), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

In March 2021, 8 of the 32 pregnant and parenting youth in CFSA's care were not in any of these traditional placements – three were in runaway status, two were in an unlicensed placement, two were in a psychiatric residential treatment facility, and one was in youth detention. Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 60, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FINAL_0.pdf. It is deeply concerning that a quarter of pregnant and parenting foster youth are not in placements where they can receive the supports, they need to build their independence and their capacity to parent successfully.

²⁶ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 102, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

²⁷ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 106, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

²⁸ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 106, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q36(n), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

²⁹ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 112, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q36(n)(iii), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁰ Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 104-105, 108, 110, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf; CFSA FY2021 Performance Oversight Responses, response to Q36(n), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³¹ Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), available at: https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf. See also *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, a newly released report that provides a comprehensive blueprint for closing the gaps and creating a successful public behavioral health system for children and families in DC. This report is released by Children's Law Center, Children's National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition. *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, December 2021, available at:

https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.

³² We recognize that CFSA's performance oversight hearing responses appear to suggest that children in the care of CFSA do not have a problem being connected with and receiving behavioral health services. See CFSA FY2021 Performance Oversight Responses, response to Q36, available at:

<https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. However, this is not consistent with our clients' experiences, nor is it

consistent with CFSA's FY2021 Needs Assessment. See Child and Family Services Agency (CFSA), *FY2021 Annual Needs Assessment*, p. 102-113, November 1, 2021, available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21_Needs_Assessment_FIN_AL_0.pdf.

³³ Casey Family Programs, *What impacts placement stability?*, Strategy Brief, (August 2018), available at: https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts_2021.pdf.

³⁴ “Families in the Front Yard have no child welfare involvement but nonetheless face challenges that could put them at risk of coming to the Agency’s attention. Two primary examples of Front Yard families include young parents (under age 25) with young children (birth-6) experiencing homelessness and grandparents responsible for caring for their children’s children. Although these families are not currently connected to the child welfare system, they may be connected to one of CFSA’s five contracted community-based Collaboratives, 10 Family Success Centers, or six Community-Based Child Abuse Prevention (CBCAP) partners. Families may also be receiving stipends through the Grandparent Caregivers or Close Relative Caregivers Program. Families on the Front Porch have experienced a Child Protective Services (CPS) investigation or open case, but the investigation or case has closed, and families are now receiving services to care for their children safely in the community, without CFSA involvement.” Child and Family Service Agency (CFSA), *Four Pillars Performance Report*, (January – June 2021), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/January-June_2021_Four_Pillars_Performance_Report_FINAL_0.pdf.

³⁵ CFSA FY2021 Performance Oversight Responses, response to Q39, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁶ CFSA FY2021 Performance Oversight Responses, response to Q24(g) and (i), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁷ CFSA FY2021 Performance Oversight Responses, response to Q24(g), available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

³⁸ *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, (December 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.

³⁹ *Id.*

⁴⁰ CFSA, DC Families First DC, available at: <https://cfsa.dc.gov/page/families-first-dc>; CFSA, DC’s federal Family First Title IV-E Prevention Program Five-Year Plan: “Putting Families First in DC” (Family First Prevention Plan), (September 23, 2020), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan_Amended%209.8.20.pdf; Thriving Families, Safer Children Steering Committee, *The District of Columbia’s Child and Family Well-Being System Blueprint*, Version 1.0, 2021, on file with the Children’s Law Center; CFSA, In-Home Services Policy (May 30, 2019), available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_InHome_Services_FINAL.pdf; CFSA, Diversion Process at Investigations Policy (July 13, 2020), available at:

<https://cfsa.dc.gov/publication/ai-diversion-process-investigations#:~:text=CFSA's%20primary%20commitment%20is%20to,referred%20to%20as%20%E2%80%9Cdiversion%E2%80%9D>; CFSA, Safety Plans Policy (May 29, 2019), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_Safety_Plans_FINAL.pdf.

⁴¹ Thriving Families, Safer Children Steering Committee, *The District of Columbia’s Child and Family Well-Being System Blueprint*, Version 1.0, p. 1, 2021, on file with the Children’s Law Center.

⁴² CFSA, Grandparent Caregivers Program, available at: <https://cfsa.dc.gov/publication/program-grandparent-caregivers-program>.

⁴³ The number of children and families these programs serve makes it clear there is a need for these subsidies. In the FY21, the Grandparent Caregivers Program served 562 families, reaching 894 children. In quarter one of FY21, 68 families (153 children) were on the waiting list due to a lack of funding. However, in quarter two of FY21, the additional funding was received, and the waiting list was eliminated. As for the Close Relative Caregivers Program there was no waitlist. In FY21, the Close Relative Caregivers Program served 33 families, reaching 54 children. *See* CFSA FY2021 Performance Oversight Responses, response to Q100(a),(b),(d); Q101(a),(b),(e), *available at*: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁴⁴ The Grandparent and Close Relative Caregivers Program Amendment Act of 2021 (“Act”) removes existing requirements that caregivers demonstrate that they have been the child’s primary caregiver and the child has resided with them for the last six months. The Act also allows adult parents who have a medically verifiable disability to reside with the caregiver without disqualifying the caregiver from receiving a subsidy. The Act had its first reading at the Legislative meeting on February 1, 2022. The Act will need a second vote which is slated to take place at the Legislative meeting on March 1, 2022. The Act is expected to pass. Once the Act passes, we hope the Agency will take steps to increase awareness and utilization of these subsidies. *See* B24-0462 - Grandparent and Close Relative Caregivers Program Amendment Act of 2021, *available at*: <https://lims.dccouncil.us/Legislation/B24-0462>.

⁴⁵ Families First DC is a neighborhood-based, neighborhood-driven approach aimed at reducing disparities and creating more robust, more resilient families through meaningful access to District services. CFSA provided grant funding to community-based organizations to open Family Success Centers in ten specific communities in Wards 7 and 8, which were identified based on a review of social determinants of health data, violence prevention, substantiated reports of child abuse and neglect, and Office on Neighborhood Safety and Engagement data. The Family Success Centers for Ward 7 neighborhoods/grantees: (1) Benning Terrace/Benning Park: East River Family Strengthening Collaborative; (2) Clay Terrace: Sasha Bruce; (3) Mayfair/Paradise: North Capital Collaborative (Project Uplift); (4) Stoddart Terrace/37th St.: Life Deeds; and (5) Benning Rd. & Minnesota Ave.: East River Family Strengthening Collaborative. The Family Success Centers for Ward 8 neighborhoods/grantees: (1) Woodland Terrace: Smart from the Start; (2) Anacostia: Martha’s Table; (3) Congress Heights: Far Southeast Family Strengthening Collaborative; (4) Washington Highlands: A Wider Circle; and (4) Bellevue: Community of Hope. There are currently only nine family success centers running because CFSA had to re-issue the grant for Washington Highlands. As of December 2021, CFSA was still in the determination phase, but the plan is to launch a new Washington Highlands location in 2022. This will bring the number back up to 10 Centers. *See* CFSA FY2021 Performance Oversight Responses, response to Q74(a) & 75(a), *available at*: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>; Child and Family Services Agency, Families First DC, (Accessed February 13, 2022), *available at*: <https://cfsa.dc.gov/page/families-first-dc>; and Slides from CFSA Stakeholder Engagement Forum, October 2021, on file with Children’s Law Center.

⁴⁶ CFSA FY2021 Performance Oversight Responses, response to Q74, *available at*: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁴⁷ CFSA FY2021 Performance Oversight Responses, response to Q75(b), *available at*: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>.

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ In January 2021, CFSA announced its participation in a new prevention initiative launched by the U.S. Children’s Bureau and several national foundations: Thriving Families, Safer Children (TFSC). The goal

of TFSC is to reshape child welfare with a focus on prevention and equity and to reduce disparities in outcomes for children and their families. Ultimately, TFSC seeks to transform the child welfare system into a child well-being system. CFSA is part of the second cohort of jurisdictions selected to participate in TFSC, which will focus on policy and systemic reforms. CFSA is employing three strategies to launch the transformation from a child welfare to a child and family well-being system. These strategies are: (1) Deepen the community-capacity-building and support infrastructure of the District's Family Success Centers (FSCs); (2) Stand-up a community-based Warmline to divert calls from the Child Protective Services (CPS) Hotline when they are not safety related; and (3) Create a community-supporter model whereby individuals with lived experience with the child welfare system or above average risk factors respond to the calls that come into the Warmline within their communities. See CFSA Stakeholders' Forum (January 28, 2021), slides from presentation on file with Children's Law Center; New Hampshire Children's Trust, Thriving Families, Safer Children: A National Commitment to Wellbeing (Sept. 10, 2020), retrieved from: <https://www.nhchildrenstrust.org/post/thriving-families-saferchildren-a-national-commitment-to-well-being>; and Casey Family Programs, First-of-its-kind National Partnership Aims to Redesign Child Welfare into Child- and Family Well-being Systems (Sept. 9, 2020), retrieved from: <https://www.casey.org/thriving-families-safer-children/>. See also, Thriving Families, Safer Children Steering Committee, *The District of Columbia's Child and Family Well-Being System Blueprint*, Version 1.0, 2021, on file with the Children's Law Center.

⁵¹ The effort to stand -up the Warmline will include retraining mandated reporters and community members about when to report to the CPS Hotline instead of the Warmline when they are seeking to mitigate risk factors for child abuse and neglect. CFSA will also have to work with advocates, community members, residents, and the TFSC Steering Committee to define necessary changes to mandated reporter laws and child welfare statutes to structurally support this reframing of when to use the CPS Hotline versus Warmline. See Thriving Families, Safer Children Steering Committee, *The District of Columbia's Child and Family Well-Being System Blueprint*, Version 1.0, p. 8, 2021, on file with the Children's Law Center.

⁵² CFSA, In-Home Services Policy (May 30, 2019), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_InHome_Services_FINAL.pdf.

⁵³ While implementation of services for in-home cases isn't great; families and children with in-home cases struggle to access behavioral house services (see p. 13 of this testimony), we are glad to have the clarity of CFSA's practices and procedures for in-home cases. The policy and procedures detail the levels of services, support, and monitoring cases should receive, as well as established data collection and outcome reporting practices. See CFSA, In-Home Services Policy (May 30, 2019), available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Policy_InHome_Services_FINAL.pdf. CFSA tracks whether families are engaged in services; have additional substantiated reports while receiving services or within six months of case closure; and whether there are instances of repeat maltreatment, court involvement, or removal. See CFSA FY2021 Performance Oversight Responses, response to Q29, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. In its oversight responses, CFSA notes that tracking this information helps the agency "better understand contributing factors that may lead to another occurrence of maltreatment and ways to prevent maltreatment from reoccurring." See CFSA FY2020 Performance Oversight Responses, response to Q31(e), available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf.

⁵⁴ CFSA, Diversion Process at Investigations Policy (July 13, 2020), available at: <https://cfsa.dc.gov/publication/ai-diversion-process-investigations#:~:text=CFSA's%20primary%20commitment%20is%20to,referred%20to%20as%20%E2%80%9Cdiversion%E2%80%9D>.

⁵⁵ In FY20, CFSA reported one child was diverted. See CFSA FY2020 Performance Oversight Responses, response to Q63, available at: https://dccouncil.us/wp-content/uploads/2021/02/FY20-21-CFSA-Pre-Hearing-Responses_FINAL.pdf. In FY21, CFSA did not report any diversions. According to CFSA, “diversion is an informal family planning process. As such, we are unable to track this data, since these families are not CFSA-involved.” See CFSA FY2021 Performance Oversight Responses, response to Q79, available at: <https://dccouncil.us/wp-content/uploads/2022/02/FY21-22-CFSA-Performance-Oversight-Prehearing-Questions-Responses-Final.pdf>. Based on a review of our own cases over the past year, we estimate nearly a quarter of the children in care that we represent were diverted at least one time before coming into care. This does not line up with CFSA’s own reporting in FY20 and FY21. We believe this reporting discrepancy is likely because there is a significant confusion around the definition of diversion - what CLC (and our clients and their families) consider to be diversion differs from how the Agency is defines diversion.

⁵⁶ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

⁵⁷ Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, (February 25, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Feb.-25-2021-CFSA-Oversight-Hearing_FINAL.pdf.

⁵⁸ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

⁵⁹ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2019, available at: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2019_Annual_Child_Fatality_Review_Report_vF_-_11.19.20.pdf; CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

⁶⁰ CFSA, Child Fatalities: Statistics, Observations, and Recommendations 2020, available at: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2020%20CFR%20Annual%20Report%20vF%20-%2010.26.21.pdf>.

**WRITTEN TESTIMONY BEFORE
Council of the District of Columbia**

COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON

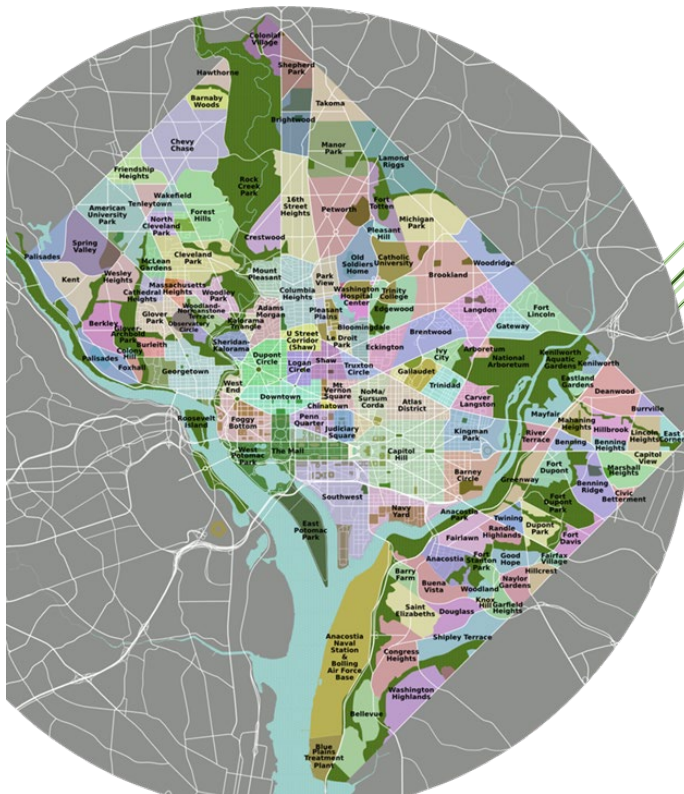
COMMITTEE ON HUMAN SERVICES

PERFORMANCE OVERSIGHT HEARING FOR THE

CHILD AND FAMILY SERVICES AGENCY

Thursday, February 17, 2022

**PUBLIC WITNESS;
CHRISTIAN GREENE, LICSW**



Good day Chairperson Nadeau and distinguished members. My name is Christian Greene and I am honored to testify today. I want to begin with my deep gratitude for listening to this whistleblower and taking decisive action with 2021 passage of the Office of the Ombudsperson for children. This Act will forever change how oversight is conducted through DC Council, as this mechanism will be a direct link to our children and enforcement of their rights¹ independent of the Executive branch. Those that speak to protect our people's rights have always been, and will continue to be, vital to government accountability.

Today I want to focus on three critical areas of oversight; the confirmation of CFSA director, the Ombuds role in this fundamental transitional time, and Citizen's Review Panel. The mention of LaShawn vs the Mayor has dictated many professional and political events in DC for over the past 30 years. Many people seem mystified as to why it has taken the District 30+ years to come close to the end of Federal Court oversight, still currently under stipulations from the court. For social workers there has never been any delusion as to why. There has always been a clear willful blindness to placing people in leadership who have the appropriate education, licensure, experience, and expertise who adhere to the same code of ethics ("The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective: service, social justice, dignity and worth of the person, importance of human relationships, integrity, competence.")² and legally binding standards of social work³. Social workers historically have not been invited to the table, I am one of the first to force a seat despite that personal cost, I must admit a very unwelcoming space. **This is egregious when the experts who make professional decisions about people's personal lives, at times life and death but always life altering decisions, are not actively pursued to lead the industry they dominate.**

CFSA Establishment Act of 2000 notes *The Agency shall be administered by a full-time Director appointed by the Mayor and confirmed by the Council. The Director shall be qualified by experience and training to carry out the purposes of this act*⁴. Council has a legislative responsibility to confirm the director, it is my understanding that Council conducted a passive confirmation of an individual who does not seem to meet the intent of the legal requirements to run the agency that is to be "Safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so."⁵ The irony is that Council just publicly recognized that legislative oversight was not effective as is, thus passed the Ombuds legislation to bring transparency, accountability, and integrity to a very complex and vital role of government. Yet when asking for system change DC

¹ **Children's Rights and responsibilities in our Jurisdiction;** In DC children (§ 4-1301.02(22); "Youth" means an individual under 18 years of age residing in the District and those classified as youth in the custody of the Agency who are 21 years of age or younger.) have rights coded in federal law, local law, legislation, DC Municipal Regulations and Court orders. These legal rights are strengthened when an abused or neglected child enters foster care and becomes a legal "Ward" of the District.

² <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

³ **Social Workers rights and responsibilities;** employed directly by CFSA or by use of District government funds through contracts have rights and responsibilities regarding their licensure and practice in the District defined by Department of Health (DOH) licensure process. DOH founds licensure on Act – the District of Columbia Health Occupations Revision Act of 1985 defining DCMR 7011 STANDARDS OF CONDUCT requiring all clinicians to adhere to National Association of Social Workers Code of Ethics.

7011.1 "Any holder of a license under this Chapter or any person authorized to practice social work or to perform social work functions under this Chapter shall comply with the standards of ethical and professional conduct established by the National Association of Social Workers in its publication entitled "Code of Ethics," as it may be amended or republished from time to time."

National Association of Social Workers "The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire."

People practicing in child welfare are "Mandated Reporters" meaning they have a legal obligation to report despite being part of the Agency; § 4-1321.02. and § 22-3020.52

⁴ Code of the District of Columbia

§ 4-1303.02a. Organization and authority of Child and Family Services Agency.

(a) The Agency shall be administered by a full-time Director appointed by the Mayor and confirmed by the Council. The Director shall be qualified by experience and training to carry out the purposes of this subchapter.

⁵ § 4-1303.01a(b)6. Establishment and purposes of Child and Family Services Agency.

City Council failed to hold a public recorded vote for this position despite national spotlight on DC child welfare. Your constituents deserve a public transparent account of whom is leading the care of DC most vulnerable and the ability to hold those decision makers accountable by our public votes for office. A passive confirmation is a public failure, undermining the fact that government is a public trust.

It is unclear if Council realizes that other oversight bodies such as the Citizen's Review Panel⁶ has a series of fundamental flaws that do not allow for independent, critical investigations, or inquiry. CFSA controls the grant and this fiscal years cycle CFSA has been neglectful in issuing this grant timely for a new facilitator to be found, impacting the function of the entity. Not to mention the contract monitor sits in and reports back on all sessions. Interesting how the Citizen's Review Panel and the LaShawn Federal Court Monitor have had to directly report to the agency they have oversight over and CFSA controls the purse and determination if the grant was satisfied.

These concerns have been mounting given the fact that despite the passage and funding of the Ombuds office there has been no real movement on the appointment of an Ombuds even though we are 5 months into this fiscal year. We are wasting valuable time for transition from a 30+year temporary oversight to foundational institution that will protect our children's rights moving forward in the District. This delay has impacted historical knowledge being able to move from an exiting entity to one being established. My understanding is that Council is to hiring a firm to find this Ombuds yet Council has the duty to detail the appropriate search criteria; unless we ensure that this appointed Ombuds who leads Ombudsperson for Children's is the social work appropriate leadership (LICSW) we will have another 30 years of division, all the while wondering why. Yet this time it will involve not only two branches of government, it will consume all three; executive, judicial, and legislative. Now is the time to embrace systemic change, not only for our families but for our government. This is a call to action, whether it resonates with the community or council. Movements begin with the people.

What qualities should DC City Council consider when appointing the Ombuds?

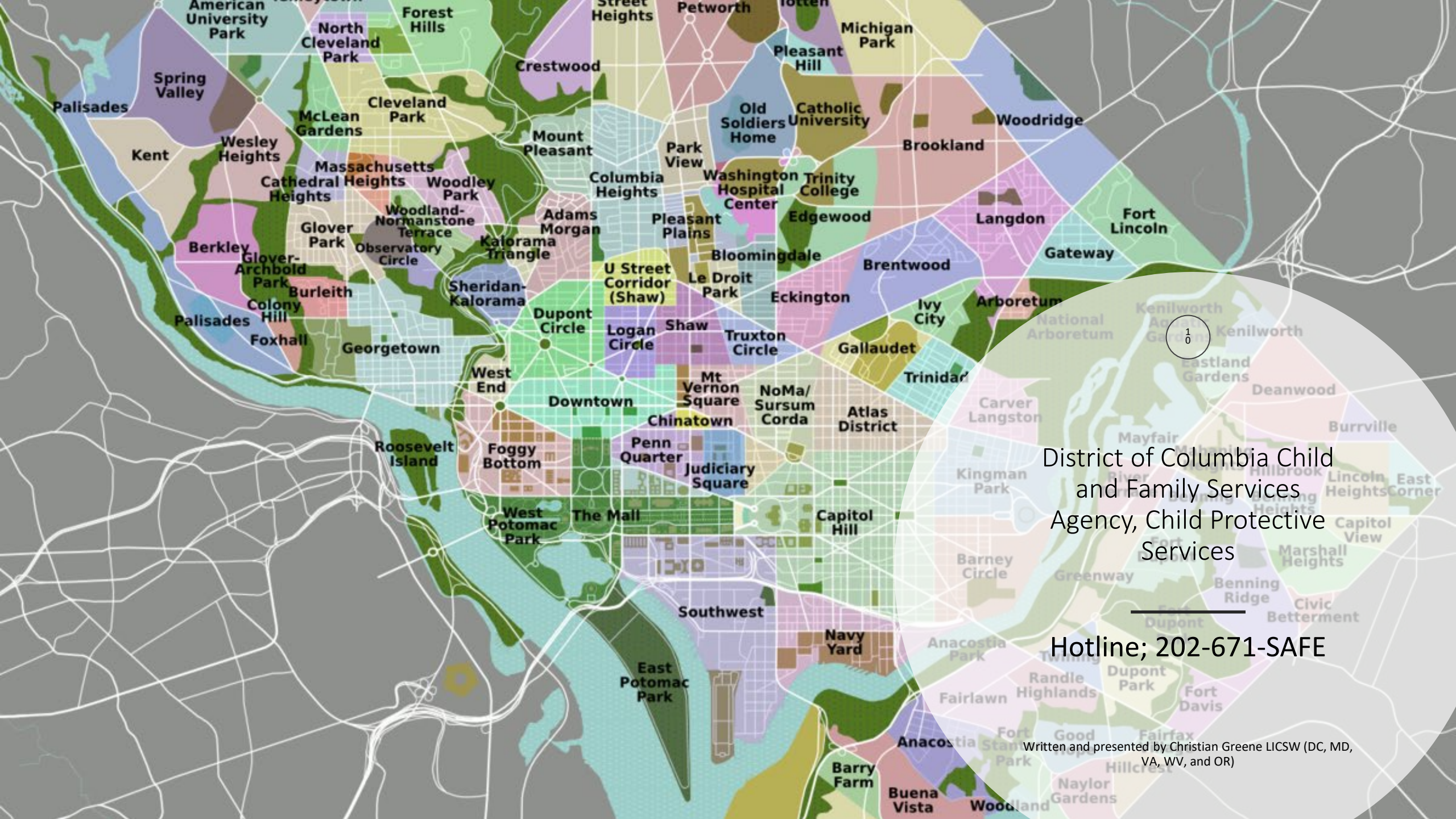
1. A DC DOH Licensed Independent Clinical Social worker who is legally able to review, critique, and comment on clinical decisions.
2. A Person who has an unwavering ethical duty to our children that can withstand immense political pressure.
3. An Expert in conducting investigations in a clinical setting, who has practiced in and has an encyclopedic knowledge of child welfare to include the cross over population. Social workers make critical decision about people's personal lives. An Ombuds would be focused on how the law, municipal regulations, policy, and procedure implementation upheld and protected our most vulnerable. To determine the "outcome" aka findings of the investigation to offer resolutions for individual complaints and recommendations to city leaders for systemic issues that need further action.
4. Creates reports, whether individual or systemic findings, that council can take decisive action on and provides transparency for the public.
5. Has a clear vision for the future of the office to encompass and bring a standardized definition of an Ombuds in the District who each adhere to the same practice standards; independence, confidentiality, impartiality, and a credible review process. So that all District children have rights and responsibilities identified in law for all portions of their life with any entity they may come into contact with; child welfare, juvenile justice, medical, mental health, education, housing, and equal access to services such as; food, financial support, and interventions.

In summary my thoughts and opinions are not unique rather a repeat of known laws and theories that predate my expertise. The law calls for children's rights to be protected and my advocacy is in line with this well-defined standard. Every other portion of the office is built off this foundational understanding of rights then we can build trainings around rights, mandated reporting standards, how to contact the office along with a credible review process that should be furthered by utilization of the USOA Standards of Practice⁷ in addition to the unique D.C. Law 23-270 Office of the Ombudsperson for Children Establishment Amendment Act of 2020⁸. It is with a deep sense of gratitude that I thank DC City Council for acting to protect our vulnerable children.

⁶ <https://www.dc-crp.org/>

⁷ <https://www.usombudsman.org/site-usoa/wp-content/uploads/USOA-STANDARDS1.pdf>

⁸ <https://code.dccouncil.us/us/dc/council/laws/23-270>



10

District of Columbia Child
and Family Services
Agency, Child Protective
Services

Hotline; 202-671-SAFE

Written and presented by Christian Greene LICSW (DC, MD,
VA, WV, and OR)

District of Columbia Mandated Reporter Laws

- Code of the District of Columbia Title 22. Criminal Offenses and Penalties. Chapter 30. Sexual Abuse. Subchapter II-A. Reporting Requirements in Child Sexual Abuse Offense Cases. § 22–3020.52. Reporting requirements and privileges.
 - (a) Any person who knows, or has **reasonable cause to believe**, that a child is a victim of sexual abuse shall immediately report such knowledge or belief to the police. For the purposes of this subchapter, a call to 911, or a report to the Child and Family Services Agency, shall be deemed a report to the police.
- D.C. Law Library Code of the District of Columbia Title 4. Public Care Systems. Chapter 13. Child Abuse and Neglect. Subchapter II. Reports of Neglected Children. § 4–1321.02. Persons required to make reports; procedure.
 - (a) Notwithstanding § 14-307, any person specified in subsection (b) of this section who knows or has **reasonable cause to suspect** that a child known to him or her in his or her professional or official capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, as defined in § 4-1301.02(15A), shall immediately report or have a report made of such knowledge or suspicion to either the Metropolitan Police Department of the District of Columbia or the Child and Family Services Agency.

Child Welfare Duty is to protect when the parent cannot

The next set of slides share core foundational standards regardless of State and in my experience are points of major concern for Mandated Reporters. The subjects are highlighted using DC Law references.

Intersection of Rights and Responsibilities

CFSA interventions are civil to protect the child; [CFSA Investigations Policy](#)

Police interventions are criminal with a focus to hold the perpetrator accountable; [Youth and Family Services Division](#)



Child

DC Code § 4–1301.02(22);
“Youth” means an individual under 18 years of age residing in the District and those classified as youth in the custody of the Agency who are 21 years of age or younger.

Come into contact with Child welfare;

[South Capitol Street Memorial Amendment Act of 2012, DC Code §2-1517.51](#) **NOT ESTABLISHED**

Consent for treatment;

[22-B600. MINOR'S HEALTH CONSENT](#)

Right to live free of abuse and Neglect;

[§ 4–1301](#) and [§ 16–2301](#)



Parent

Come into contact with Child Welfare;

[South Capitol Street Memorial Amendment Act of 2012, DC Code §2-1517.51](#) **NOT ESTABLISHED**
[Fair Hearing Policy 3/10/09](#)

Residual Parental Rights;

[DC Code Title 16 Chapter 23](#); means those rights and responsibilities remaining with the parent after transfer of legal custody or guardianship of the person, including (but not limited to) the right of visitation, consent to adoption, and determination of religious affiliation and the responsibility for support.

[§ 16–2301](#) (21) A Division order of “legal custody” is subordinate to the rights and responsibilities of the guardian of the person of the minor and any residual parental rights and responsibilities.

Custodian;

[§ 16–2301](#) (12) The term “custodian” means a person or agency, other than a parent or legal guardian: (A) to whom the legal custody of a child has been granted by the order of a court; (B) who is acting in loco parentis; or (C) who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.



Mandated Reporter

[§ 4–1321.02.](#)

(b) of this section who knows or has reasonable cause to suspect that a child known to him or her in his or her professional or official capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, as defined in § 4-1301.02(15A), shall immediately report or have a report made of such knowledge or suspicion to either the Metropolitan Police Department of the District of Columbia or the Child and Family Services Agency.

[B19-0647](#) - CHILD SEXUAL ABUSE REPORTING ACT OF 2012 **expanded the mandated reporter definition to anyone over age 18**

[Public Law 113–183](#) “Preventing Sex Trafficking and Strengthening Families Act” (child welfare issue)
[DC act 20-560](#) “Sex Trafficking of Children Prevention Amendment Act of 2014”

[§ 22–3020.52.](#) (a) Any person who knows, or has reasonable cause to believe, that a child is a victim of sexual abuse shall immediately report such knowledge or belief to the police.



Agency

[Child and Family Services Agency Establishment Amendment Act of 2000](#)”, D.C. law 13-277;

“Safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so”

Duty Established;

[§ 4–1301](#) and [§ 16–2301](#)
(21) The term “legal custody” means a legal status created by Division order which vests in a custodian the responsibility for the custody of a minor which includes — (A) physical custody and the determination of where and with whom the minor shall live; (B) the right and duty to protect, train, and discipline the minor; and (C) the responsibility to provide the minor with food, shelter, education, and ordinary medical care.

Translated into policy;

[Hotline 1/29/12](#)

[Investigations 1/16/2015](#)

[Child Protective Registries 1/17/18](#)

[Critical Events 4/4/11](#)

[Child Fatality Review 3/18/09](#)

[In Home Services 5/30/19](#)



Foster Parent (traditional or kin)

[B21-0603 - Foster Parents Statements of Rights and Responsibilities Amendment Act of 2016](#)

Established;

[DC Municipal 29 DCMR § 6002 Foster Parent Responsibilities and 29 DCMR § 6003 Agency Responsibilities](#)

CFSA’s [contract](#) with the provider, Code of Maryland Regulations (COMAR) requiring case management to be implemented by the foster parents licensing Agency, [CFSA DC/MD 2013 Border Agreement](#) that requires simultaneous DC ([Act – the District of Columbia Health Occupations Revision Act of 1985](#)) and MD ([10.42.02 Case management and 10.42.01 Governing Licensure](#)) licensure, and Federal Interstate Compact Placement Contract (ICPC)

Translated into CFSA policy;

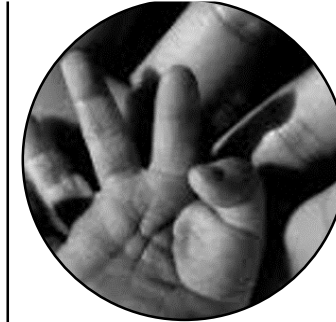
Foster parent’s homes are [licensed](#) and regulated by the District thus no longer private when pertaining to a Ward.

[Resource Parent Handbook 2018](#)

[Relationship with Resource Parents 5/31/11](#)

[Temporary Licensing of Foster Homes for Kin 9/21/11](#)

[Fair Hearing Policy 3/10/09](#)



Foster Child “Ward”

[Legislation B19-0803 Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012 \(“FYAA”\)](#)

Established;

DC Municipal [29 DCMR § 6004](#) Regulations Rights and Responsibilities of foster children

[DCMR Title 29 Chapter 29-60 Foster Homes 29-6018 DISCIPLINE AND CONTROL](#)

Translated to child friendly language;

[DC Bill of Rights for Children and Youth in Foster Care Policy](#)

[Office of Human Rights in adherence with the Citywide Youth Bullying Prevention Program and CFSA Youth Bullying Prevention Policy](#)



Permanency

Re-unification;

[In-Home and Out-of-Home Procedural Operations Manual \(POM\) May 2011](#)

Guardianship;

[§ 16–2301. \(20\)](#) The term “guardianship of the person of a minor” means the duty and authority to make important decisions in matters having a permanent effect on the life and development of the minor, and concern with his general welfare.

[§ 16–2381.](#)

Adoption;

[§ 16–312. Legal effects of adoption.](#) (a) A final decree of adoption establishes the relationship of natural parent and natural child between adopter and adoptee for all purposes

Emancipation;

[Establishing A Goal of Alternative Planned Permanent Living Arrangement \(APPLA\) 4/28/14](#)



Locate Children's Rights in your Jurisdiction

In DC children (§ 4-1301.02(22); "Youth" means an individual under 18 years of age residing in the District and those classified as youth in the custody of the Agency who are 21 years of age or younger.) have rights coded in federal law, local law, legislation, DC Municipal Regulations and Court orders. These legal rights are strengthened when an abused or neglected child enters foster care and becomes a legal "Ward" of the District. The most specific rights of foster children are DCMR 29-6004, 29-6203, and 29-6303 established by §19-276, including yet not limited to;

Court Orders;

- Child specific court order that forbids physical discipline of a Ward
- 6018.5(a) Physical punishment inflicted in any manner upon the body;

DC Code;

- § 2-1517.51. South Capitol amendment Act Family resource guide.
- § 4-1301 Child Abuse and Neglect
- § 4-1303.74. Part C-iii. Statements of Rights and Responsibilities for Youth in Foster Care
- § 14-307 Confidential information
- § 16-2301 – 16-2340 Proceedings Regarding Delinquency, Neglect, or Need of Supervision
- §19-276. "Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012 established by DC Act 19-640 Foster Youth Statements of Rights and Responsibilities
- § 21-522. Examination and admission to hospital

DC Municipal Regulations;

- 22-B600. Minor's health
- 29-6004 Rights and responsibilities of foster children living in foster homes
- 29-6013 Maintaining foster children's records
- 29-6015 Working with foster child's family
- 29-6017 Clothing and personal belongings
- 29-6018 Discipline and Control
- 29-6019 Health Care
- 29-6020 Religion and Ethnic Heritage
- 29-6021 Education
- 29-6022 Recreation and Community
- 29-6023 Confidentiality
- 29-6024 Abuse, neglect, or other risks to foster children's health or safety
- 29-6025 Violation of this chapter
- 29-6203 Licensing of youth shelters, runaway shelters, emergency care facilities, and youth group homes, statement of residents' rights and responsibilities.
- 29-6303 Licensing of independent living programs for adolescents and young adults statement of residents' right and responsibilities.

Written and presented by Christian Greene LICSW (DC, MD, VA, WV, and OR)



Locate Parental Rights and Responsibilities in your Jurisdiction (versus residual parental rights and in loco parentis)

Residual Parental Rights vs. Custodian vs. Legal Custody (§ 16–2301. Definitions.)

(12) The term “custodian” means a person or agency, other than a parent or legal guardian:

- (A) to whom the legal custody of a child has been granted by the order of a court;
- (B) who is acting in loco parentis; or
- (C) who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.

(21) The term “legal custody” means a legal status created by Division order which vests in a custodian the responsibility for the custody of a minor which includes —

- (A) physical custody and the determination of where and with whom the minor shall live;
- (B) the right and duty to protect, train, and discipline the minor; and
- (C) the responsibility to provide the minor with food, shelter, education, and ordinary medical care.
- **A Division order of “legal custody” is subordinate to the rights and responsibilities of the guardian of the person of the minor and any residual parental rights and responsibilities.**

(22) The term “residual parental rights and responsibilities” means those rights and responsibilities remaining with the parent after transfer of legal custody or guardianship of the person, including (but not limited to) the right of visitation, consent to adoption, and determination of religious affiliation and the responsibility for support.

**Please note do not have legal grandparents rights, those are granted through the parent.*





Locate Agency Rights and Responsibilities in your Jurisdiction (remember government is a public trust)

District Child and Family Services has the duty to safeguard the rights and protect children;

Federal laws

- Child Abuse Prevention and Treatment Act (CAPTA) - This document presents CAPTA as amended by P.L. 115-271
- Compilation of Titles IV-B, IV-E and Related Sections of the Social Security Act
- Public Law 113183, Title I Subtitle A Protecting Children and Youth at Risk of Sex Trafficking and Subtitle B Improving Opportunities for children in foster care and supporting permanency

Child and Family Services Agency Establishment Amendment Act of 2000", D.C. law 13-277

- *"Safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so"* establishes CFSA as a cabinet level Agency and transfers the power to conduct social service investigations of alleged child abuse and neglect cases *"protecting child victims and those at risk of abuse,"* assist families, provide safe out-of-home care (foster care), and re-establish permanent homes.

DC Code § 4-1301, § 14-307, §16-2301, §19-276. and § 21-522

- §16-2301 (21) The term **"legal custody"** means a *legal status created by Division order which vests in a custodian the responsibility for the custody of a minor which includes —(A) physical custody and the determination of where and with whom the minor shall live; (B) the right and duty to protect, train, and discipline the minor; and (C) the responsibility to provide the minor with food, shelter, education, and ordinary medical care. A Division order of "legal custody" is subordinate to the rights and responsibilities of the guardian of the person of the minor and any residual parental rights and responsibilities.*



Locate Social Workers Rights and Responsibilities in your Jurisdiction

Social Workers employed directly by CFSA or by use of District government funds through contracts have rights and responsibilities regarding their licensure and practice in the District defined by Department of Health (DOH) licensure process. DOH founds licensure on Act – the District of Columbia Health Occupations Revision Act of 1985 defining DCMR 7011 STANDARDS OF CONDUCT requiring all clinicians to adhere to National Association of Social Workers Code of Ethics.

- **7011.1** *“Any holder of a license under this Chapter or any person authorized to practice social work or to perform social work functions under this Chapter shall comply with the standards of ethical and professional conduct established by the **National Association of Social Workers** in its publication entitled “Code of Ethics,” as it may be amended or republished from time to time.”*
- **National Association of Social Workers** *“The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.”*
- People practicing in child welfare are “Mandated Reporters” meaning the have a legal obligation to report despite being part of the Agency; § 4–1321.02. and § 22–3020.52



Locate and understand cross-jurisdictional social work practice in your Jurisdiction

On any given day a significant number of the children (approximately half) committed as Wards in the District of Columbia are placed in CFSA Contracted homes which are guided and governed by Federal and Local laws.

- Code of Maryland Regulations (COMAR) requires case management to be implemented by the foster parents licensing Agency.
- CFSA DC/MD 2013 Border Agreement requires simultaneous DC and MD legal compliance with local social worker licensure in both states
 - MD COMAR 10.42.02 Case management,
 - 2013 Maryland Code FAMILY LAW § 5-704 - Reporting of abuse or neglect,
 - 2010 Maryland Code FAMILY LAW TITLE 5 – CHILDREN Subtitle 7 - Child Abuse and Neglect
- Practicing in adherence with Federal Interstate Compact on the Placement of Children (ICPC)

To practice and provide a clinical assessment for District families as a case manager or investigator in DC Child welfare system the person must have a Master of Social Work and be licensed as a licensed graduate social worker (LGSW) or a licensed independent clinical social worker (LICSW) through DC Department of Health.

To provide clinical supervision of a social worker in the District the person must have an LICSW.

To practice social work with DC children placed in a foster home in Maryland, the social worker must be dually licensed in both MD and the District. This is defined in CFSA DC/MD 2013 Border Agreement substantiated by the following Codes; DC Act – the District of Columbia Health Occupations Revision Act of 1985, Md. HEALTH OCCUPATIONS Code Ann. Section 19-202, MD COMAR 10.42.02 Case management, and MD COMAR 10.42.01 Governing Licensure.

A foster child (Ward) of the District has all of their DC Rights coded in DC legislation, law, DCMR, and Court Orders whether the child is placed in DC or another jurisdiction.



Locate Foster Parent (traditional and/or kinship) Rights and Responsibilities in your Jurisdiction

Foster Parent (traditional or kin) have rights and responsibilities in;

- Legislation B21-0603 - Foster Parents Statements of Rights and Responsibilities Amendment Act of 2016
- DC coded in law per DC Municipal Regulations § 29-6002 Foster Parent Responsibilities and § 29- 6003 Agency Responsibilities to foster parent.
- Which then is translated into policies such as “relationship with foster parents”



Locate the Rights and Responsibilities of the Guardian versus Adoption

Guardianship of the person of a minor vs. Adoption (§ 16–2301. Definitions.)

(20) The term “guardianship of the person of a minor” means the duty and authority to make important decisions in matters having a permanent effect on the life and development of the minor, and concern with his general welfare. It includes (but is not limited to) —

- (A) authority to consent to marriage, enlistment in the armed forces of the United States, and major medical, surgical, or psychiatric treatment; to represent the minor in legal actions; and to make other decisions concerning the minor of substantive legal significance;
- (B) the authority and duty of reasonable visitation (except as limited by Division order);
- (C) the rights and responsibilities of legal custody when guardianship of the person is exercised by the natural or adoptive parent (except where legal custody has been vested in another person or an agency or institution); and
- (D) the authority to exercise residual parental rights and responsibilities when the rights of his parents or only living parent have been judicially terminated or when both parents are dead.

(12) The term “custodian” means a person or agency, other than a parent or legal guardian:

- (A) to whom the legal custody of a child has been granted by the order of a court;
- (B) who is acting in loco parentis; or
- (C) who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.



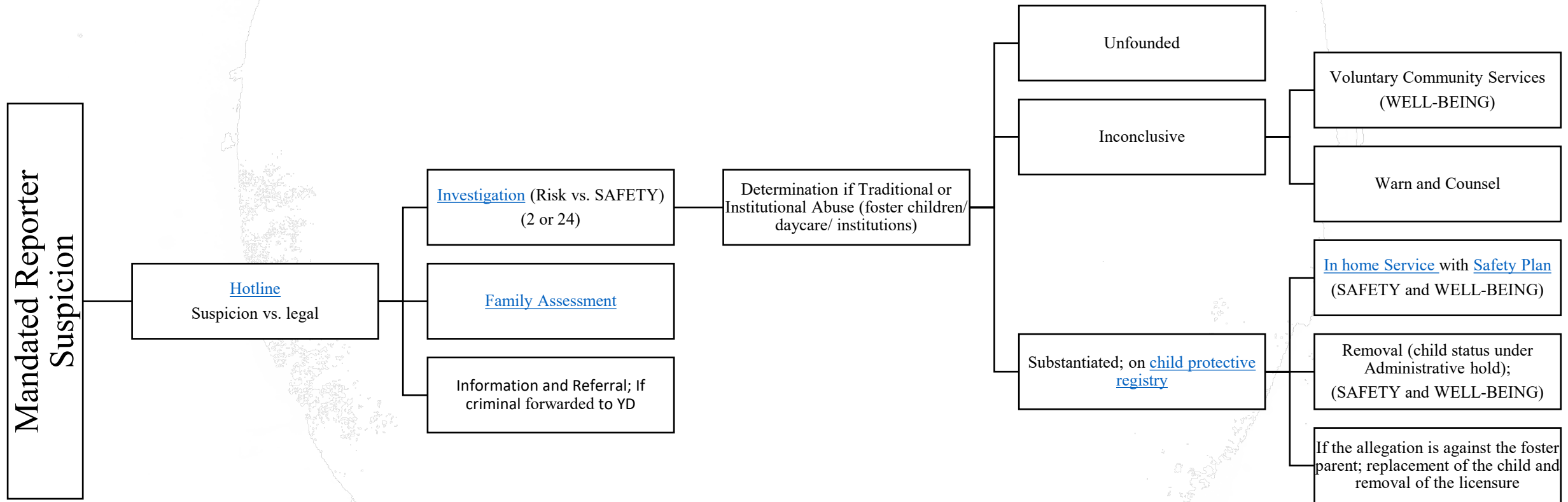
Child Welfare Frameworks;

- Safety, Well-Being, Permanency
- Removal due to immediate safety
- Court Process
- Abuse and Sexual Abuse Investigatory Process (civil and criminal)
- Safety Plan Framework

Please note each state has their specific law, regulation, policy and procedure. The following slide shows the generalized process, cross referencing it with DC law, regulation, policy and procedure. People could re-create these frameworks with their local information.

Child Welfare Process

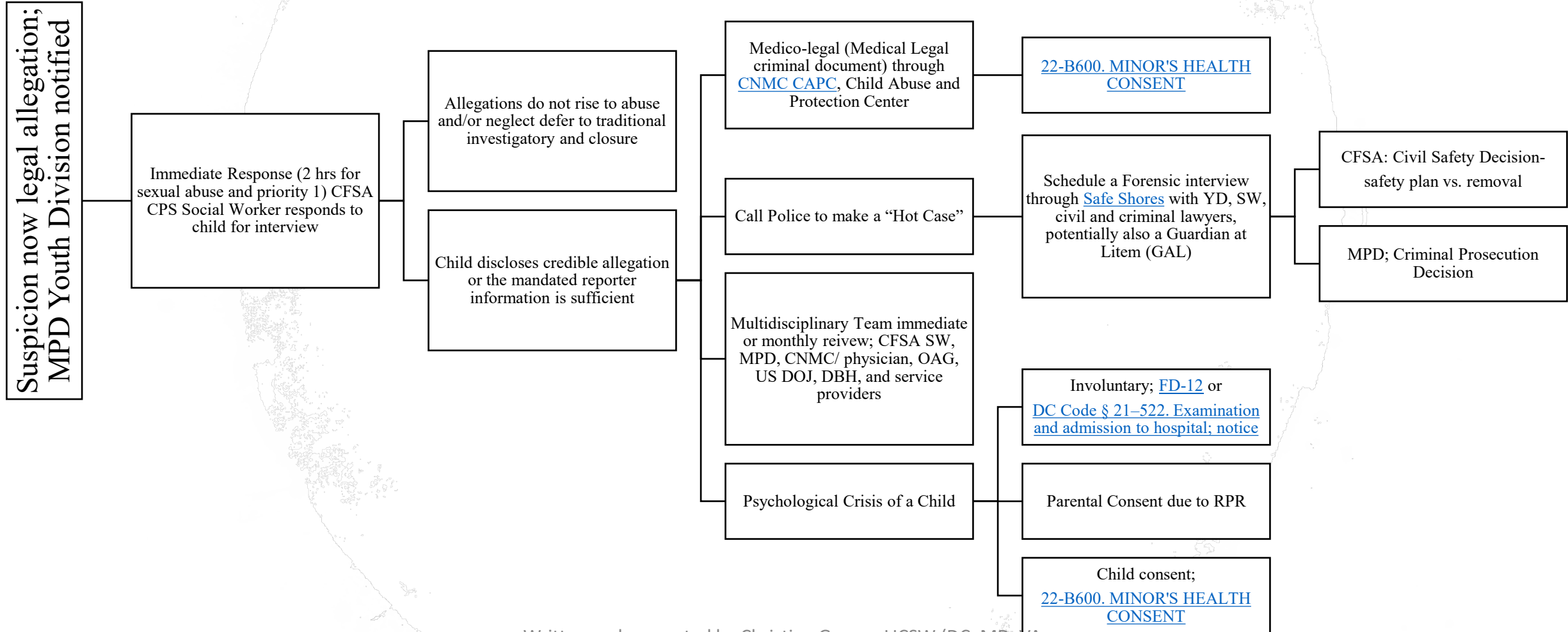
Safety, Well-Being, Permanency



Abuse & Sexual Abuse Investigatory Process

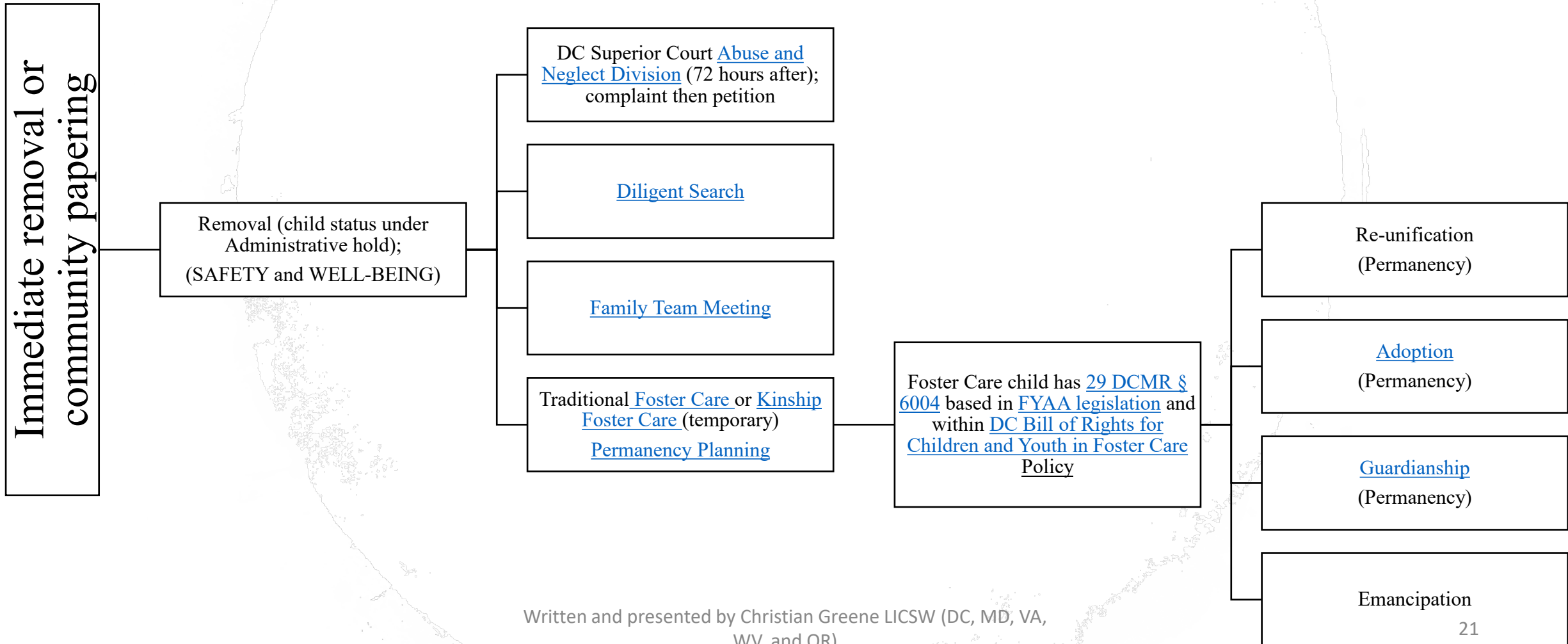
CFSA interventions are civil to protect the child; [CFSA Investigations Policy](#)

Police interventions are criminal to hold the perpetrator accountable; [Youth and Family Services Division](#)



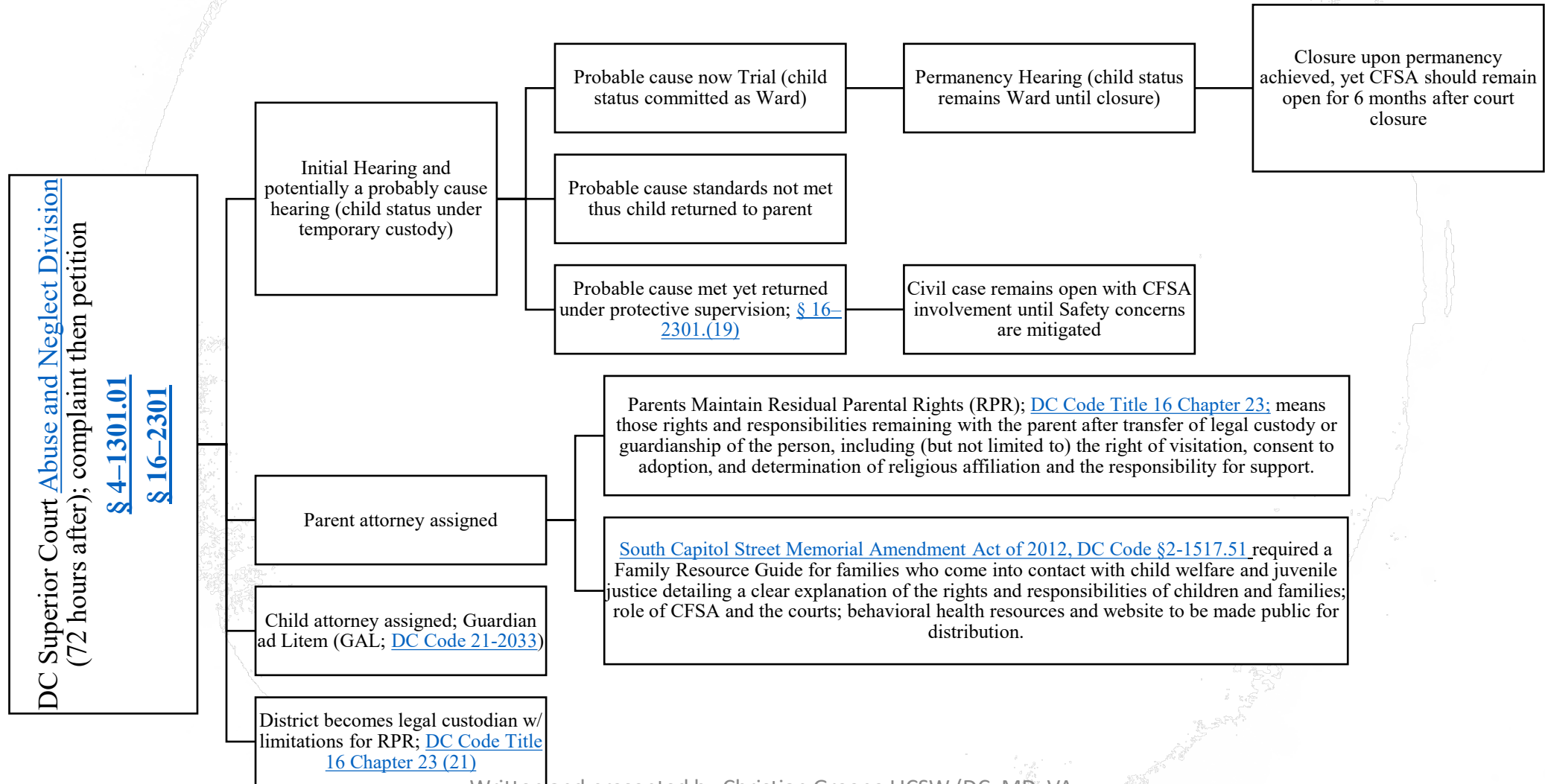
Child Welfare Process

Removal due to immediate safety

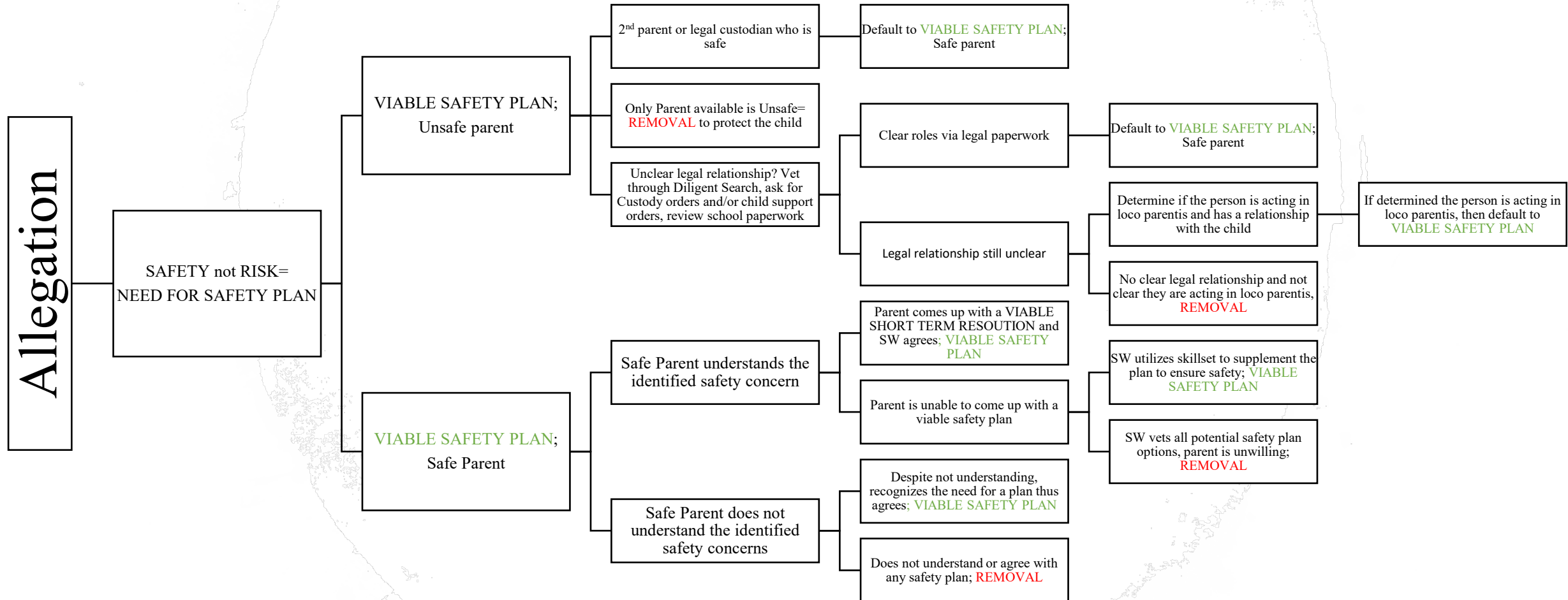


Child Welfare Process

Court Process



Generalized Safety Plans Framework





Child fatalities

- If a child dies due to abuse/ neglect the agency still has the duty to investigate and disposition, regardless if there is another child. The substantiation will ensure that the maltreater cannot be employed where Child Protective Registries are required such as daycares and keeps a clear record in case the maltreater has additional children.
- If there is another child then the agency has the duty to assess for safety and intervene as appropriate, per CFSA Investigations policy.
- A death would be classified as a critical event defined in CFSA Critical Events Policy and this would send an immediate alert up the chain of command and an emergency meeting would be held.
- CFSA would then disposition within the investigation, the family would be reviewed within a CFSA internal child fatality review unit defined in CFSA Policy Child Fatality Review which produces an Annual Report. **CFSA's critical event is to determine intervention to safeguard the child. CFSA internal fatality review unit is to help future practice issues.**
- The fatality then would reviewed externally by OCME's implementation of the Mayoral Committee-Child fatality review committee which meets monthly is established by Code of the District of Columbia Title 4. Public Care Systems, Chapter 13. Child Abuse and Neglect. Subchapter V. Child Fatality Review Committee and enacted by OCME Child fatality Review Committee Policy which produces an Annual Report²⁶. **CFRC is a review of the records to determine if the District can prevent future deaths through systemic recommendations, multiple agencies are represented.**²⁷
- All records of child fatalities are kept by Department of Health vital records and can be requested.
- Child and Family Services Agency Establishment Amendment Act of 2000", D.C. law 13-277²⁸. The Ombudsman investigation would be to determine if the agency was in adherence with policy procedure and law. To determine if Agency is effective in their duty to *"Safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so."*²⁹

PROPOSED DISTRICT OMBUDS STANDARDS AND ETHICS UTILIZING [USOA MODEL LEGISLATION](#);

The Ombudsman has a unique perspective, not top down (Mayor, Council, Court, Monitor or CFSA leadership) rather on the ground with direct public communication thus able to be immediately responsive to new trends, individual and/or systemic.

Governmental Ombuds Definition; independent, impartial public official with authority and responsibility to receive, investigate or informally address complaints about government actions, and, when appropriate, make findings and recommendations, and publish reports.

Independence;

Establish a District Ombudsman outside the purview of the Executive Branch with defined relevant qualifications, term, and removal. Vital for the public trust. I am recommending appointment by DC City Council as an independent office or a division of the DC Auditor.

Ombudsman legislative responsibility to make public at times individual investigatory findings and a yearly trend report with systemic recommendations regarding the Office's activities to the Mayor, DC City Council, or any of its committees, to the public and, in the Ombudsman's discretion, to agencies.

Transparency in the process, outcomes, published individual and annual reports will lead to public trust in this vital office to include the immediate identification of trends so that Council and the public might act to safeguard our children whether familial or institutional.

Credible review process;

Ombudsman to research, adopt and/or create a transparent and publicize a credible review process (education, informal, mediation, investigation) that is in adherence with District laws, [USOA Governmental Ombudsman Standards](#) and responsive to the Ombuds field of expertise.

Clinicians enact the law thus must be investigated by a clinician who adheres to the same ethics, practice standards, and can challenge "clinical" decisions to safeguard our children.

The right to issue "outcomes" or findings to investigations of alleged rights violations for all children who come into contact with CFSA

Ombuds to sit on the Citywide Child Fatality Review Committee and the internal CFSA fatality review committee.

Purview;

Enforce District constituent's legislative rights as to be established by **DC Code §2-1517.51** for youth that **"come into contact"** with CFSA, DYRS, DBH, and health providers. Further rights to include Education, DDS, and Shelter.

Confidentiality;

The Ombudsman must have the legal protections to honor constituents trust.

Establish rights of the complainant, agency, mandated reporters, and any party making a protected disclosure.

Ombudsman exclusive control over access to this database. Establish Ombuds rights to review confidential client information with access to the databases of agencies.

Anti-retaliation rights for victims of violations;

Extend anti-retaliation protections in the District of Columbia Whistleblower Protection Act, [DC Official Code § 1-615.51](#) et seq.) to those children and parents who disclose information about illegality or other failure to protect the rights of foster children.

Impartiality/ Neutrality;

Establish Ombudsman immunities and boundaries.

The Ombudsman must be able to stand in their ethics independent of political or social pressure.

Being liked publicly does not equate to being trusted in private.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

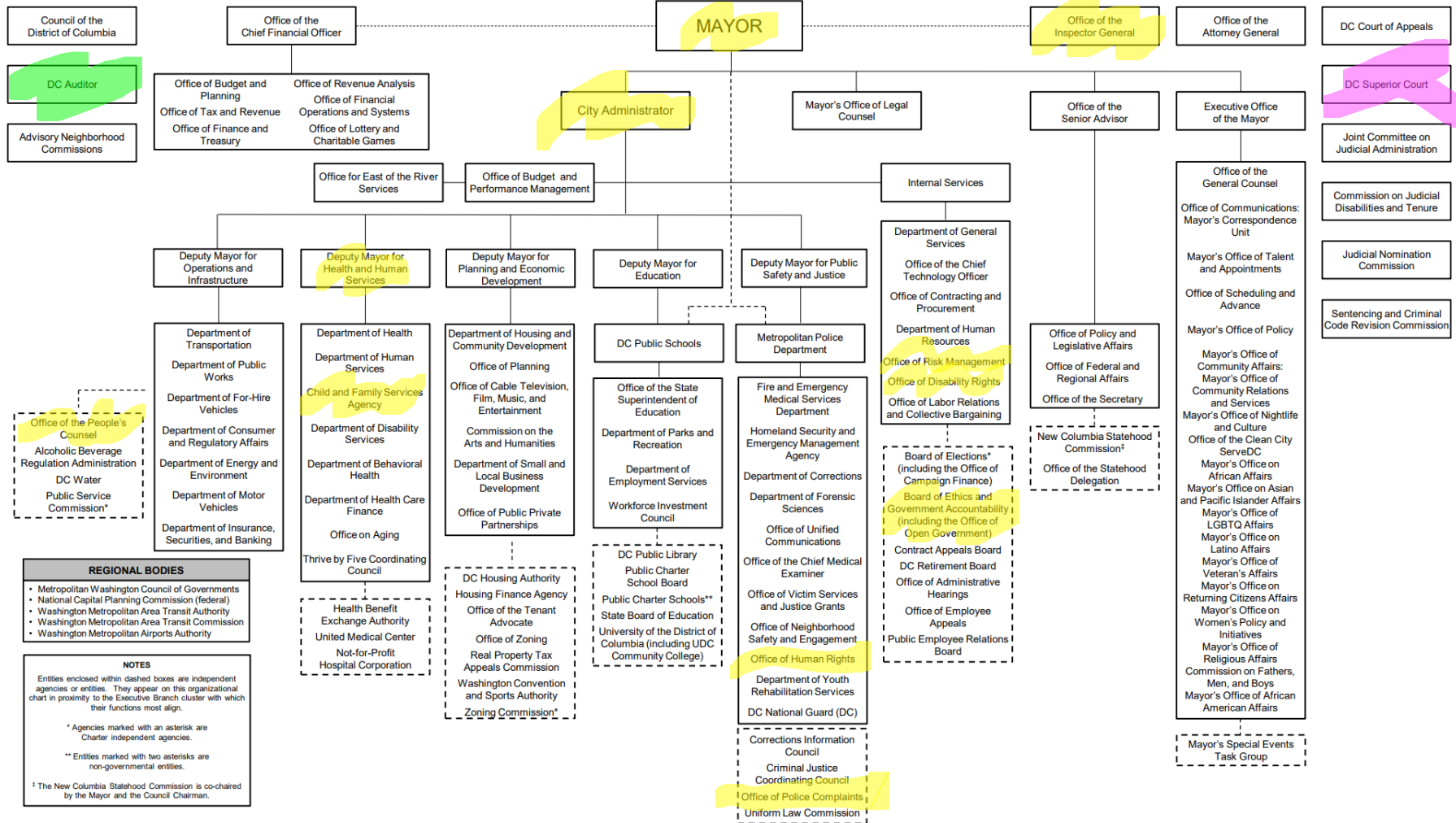
RESIDENTS



LEGISLATIVE BRANCH

EXECUTIVE BRANCH

JUDICIAL BRANCH



United States District Court for the District of Columbia

LaShawn A. v. Bowser

CSSP Center for the Study of Social Policy; [Class Action Litigation: Washington, DC's Child and Family Services Agency](#)

[A Better Childhood's Summary](#); Plaintiffs: 7 foster children, aged 3 through 11 years old, representing the class of over 900 Washington DC foster children

About the District of Columbia Foster Care System; In 1989, ABC's Executive Director Marcia Lowry, then serving as director of the Children's Right Project at the American Civil Liberties Union, brought a lawsuit against the District of Columbia. At trial, the court found that virtually every aspect of the District's child welfare system violated the law. In 1995, after failing to comply with a system-wide, court-ordered reform plan, the District of Columbia became the only child welfare system in the country taken over by a federal court. In 2001, after implementing many court-mandated reforms, the District of Columbia came out of receivership. In June 2016, the Court Monitor released a report in which it declared that the District had been in a state of "decline" for the previous two years.

CSSP is to monitor Court Orders, it was not established to investigate individual constituent complaints.

DC Superior Court

Voices that will protect our children will be parents, advocates, and professionals. These people are whistleblowers and should be safeguarded by the DC Whistleblowers Protection Act.

[Code of the District of Columbia Title 1. Government Organization. Chapter 6. Merit Personnel System. Subchapter XV-A. Whistleblower Protection.](#)

[§ 1-615.58a. Salary restriction for interfering with Council whistleblowers.](#)

District
Investigatory
Entities and
Purview;
JUDICIAL
BRANCH

District Investigatory Entities and Purview; EXECUTIVE BRANCH

[Mayor's Cabinet](#) is comprised of Agency Directors to include [CFSA](#): “The DC Child and Family Services Agency (CFSA) is the public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families.”

[DMHHS](#): “The Office of the Deputy Mayor for Health and Human Services (DMHHS) supports the Mayor in coordinating a comprehensive system of benefits, goods and services across multiple agencies to ensure that children, youth and adults, with and without disabilities, can lead healthy, meaningful and productive lives.”

[OCA](#): The Office of the City Administrator is responsible for the day-to-day management of the District government, setting operational goals and implementing the legislative actions and policy decisions of the Mayor and DC Council. The City Administrator reports directly to the Mayor and has direct oversight over all executive-reporting agencies. The City Administrator prepares the District's annual operating budget and provides direction to all agencies to ensure they are meeting the needs of District residents.

Mayor Muriel Bowser: “When people ask me what I want to be remembered for, it comes down to this: a relentless commitment to as fair shot for every single DC resident. Period.” [Executive Office of the Mayor](#) and [Office of the General Counsel](#): “Serves as principal legal advisor to the Mayor; reviews and evaluates all significant legal and policy initiatives and settlement proposals; designs and implements legal strategies for the termination of court imposed intervention into District operations; and coordinates legal, policy, and operational initiatives related to compliance with court orders and the transition from court intervention to government control.”

Investigatory Entities and their mission statements;

[OIG](#): The Office of the Inspector General is an independent agency. OIG conducts audits and investigations of District government programs and departments to deter waste, fraud, abuse, and mismanagement.

[OAG](#): “The Office of the Attorney General (OAG) is the chief legal office of the District of Columbia. The Office enforces the laws of the District, defends and provides legal advice to the District's government agencies and protects the interests of the District's citizens. OAG's goal is to be the nation's most effective and respected public law office.”

[BEGA](#): The Board of Ethics and Government Accountability (BEGA) investigates alleged ethics laws violations by District government employees and public officials, provides binding ethics advice and conducts mandatory training on the DC Government's Code of Conduct.

[OOG](#): The Office of Open Government is an independent office within the BEGA, and enforces the Open Meetings Act, monitors the District's Freedom of Information compliance, and aids agencies with implementing open government practices.

[OHR](#): The District of Columbia Office of Human Rights (OHR) works to eradicate discrimination, increase equal opportunity and protect the human rights of individuals who live, work, or visit the District of Columbia. The agency enforces local and federal civil rights laws by providing a cost-free legal process to those who believe they have experienced discrimination. The local laws OHR enforces include the DC Human Rights Act of 1977, DC Family & Medical Leave Act, Parental Leave Act of 1994, Language Access Act of 2004, Youth Bullying Prevention Act of 2012, Unemployed Anti-Discrimination Act of 2012, Fair Criminal Record Screening Amendment Act of 2014, Protecting Pregnant Workers Fairness Act of 2014, and the Fair Criminal Record Screening for Housing Act of 2016. OHR also proactively seeks to end discrimination in the District through educational campaigns and initiatives, and by identifying and investigating practices that may be discriminatory. The agency oversees the Language Access Program, the Citywide Youth Bullying Prevention Program and a Returning Citizens Initiative. [Complaint process and timeline.](#)

[ODR](#): The mission of the DC Office of Disability Rights (ODR) is to ensure that the programs, services, benefits, activities and facilities operated or funded by the District of Columbia are fully accessible to, and useable by people with disabilities. ODR is committed to inclusion, community-based services, and self-determination for people with disabilities. ODR is responsible for overseeing the implementation of the City's obligations under the Americans with Disabilities Act (ADA), as well as other disability rights laws.

[ORM](#): The mission of the Office of Risk Management is to reduce the probability, occurrence and cost of risk to the District of Columbia government through the provision of risk identification and insurance analysis and support to District agencies, and by efficiently and fairly administering the District's public workers compensation and tort liability programs.

[OPC-DC](#): “The Office of the People's Counsel is an independent agency of the District of Columbia government. By law, the Office advocates for consumers of natural gas, electric and telephone services. The Office also represents the interests of District utility ratepayers before the DC Public Service Commission, Federal Energy Regulatory Commission, Federal Communications Commission, other utility regulatory bodies, and the courts. The Office is mandated to conduct consumer education and outreach, and may represent individual consumers with complaints related to their utility service and bills.”

[Office of Police Complaints](#): OPC investigates the following allegations: harassment; use of unnecessary or excessive force; use of language or conduct that is insulting, demeaning, or humiliating; discriminatory treatment; retaliation for filing a complaint with OPC; and failure to wear or display required identification or identify oneself by name and badge number when requested to do so by a member of the public.

District Investigatory Entities and Purview; LEGISLATIVE BRANCH

[Council of the District of Columbia](#)

- As the central and chief policy-making body for the District of Columbia, the Council's mission is to provide strong, innovative and effective leadership for the benefit of residents across the city. The Council's central role as a legislative body is to make laws. However, its responsibilities also include oversight of multiple agencies, commissions, boards and other instruments of District government. Led by the Council Chairman, the 13 members of the Council are working to improve the quality of life in District neighborhoods by ensuring safer streets, furthering education reform, developing a vibrant economy, and implementing groundbreaking programs. Working with the Mayor and the executive branch, the Council also plays a critical role in maintaining a balanced budget and the fiscal health of the District of Columbia government.
- Government Oversight; The Council has instituted several measures to ensure that the city government works. Council committees review the performance of government programs and agencies to ensure they are serving their established purposes and operating under pertinent regulations and budget targets. The Council also holds annual budget oversight hearings in preparation for approving a city budget recommended by the Mayor. The law requires that the District operate with a balanced budget so expenditures do not exceed income.
- Constituent Services; Responding to constituents' concerns is a major responsibility for the Council. Staff members are assigned to find solutions for problems and address complaints. You can contact your Councilmember's office directly, call the Council's general line at (202) 724-8000.

[ODCA:](#)

- The Office of the District of Columbia Auditor's (ODCA) mission is to support the Council of the District of Columbia by making sound recommendations that improve the effectiveness, efficiency, and accountability of the District government. To fulfill our mission, we conduct performance audits, non-audit reviews, and revenue certifications. The residents of the District of Columbia are one of our primary customers and we strive to keep the residents of the District of Columbia informed on how their government is operating and how their tax money is being spent.

[ANC:](#)

- An ANC is a non-partisan, neighborhood body made up of locally elected representatives called Advisory Neighborhood Commissioners. They are a unique feature of the District's Home Rule Charter. The Commissioners, who serve two-year terms without pay, are elected at DC Elections in November in even-numbered years (e.g. 2016). The ANCs were established to bring government closer to the people, and to bring the people closer to government. In addition to providing people with a greater say in the matters that affect their neighborhoods, ANCs were intended to end the duplication of effort caused by the proliferation of special advisory groups.



Foster & Adoptive Parent Advocacy Center

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TESTIMONY **DISTRICT OF COLUMBIA COUNCIL'S COMMITTEE ON HUMAN SERVICES** **OVERSIGHT HEARING FOR THE CHILD AND FAMILY SERVICES AGENCY**

FEBRUARY 17, 2022

Good day Chairperson Nadeau and council members of the Committee on Human Services.

My name is Donna Flenory. I am a veteran CFSA Resource parent of 22 years this coming April; however today, I come before you as Chairperson of the Board of Directors of the Foster and Adoptive Parent Advocacy Center (FAPAC).

FAPAC is an organization founded by foster parents 22 years ago this October 2022 with the goal of elevating the voices of foster families in the District. Since our founding, our work has expanded to include various programs for foster families, as well as birth and kinship parents who are seeking parenting training and support. All of our work – which also includes individual advocacy, and our peer support group – informs our systemic advocacy, in which we work in close partnership with CFSA and other organizations to improve the policies and practices that are impacting children and families.

Thank you for the opportunity to deliver testimony today regarding the Child and Family Services Agency (CFSA). We want to begin by first congratulating Director Robert Matthews on his confirmation as head of CFSA and second by showing gratitude to CFSA for collaborating with FAPAC to address



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various issues we've brought to their attention throughout the last two decades. Together we've worked to address important issues in the foster care system.

During last year's oversight hearing, and being in the thick of the Covid-19 pandemic, we mentioned several issues related to COVID-19, and challenges faced by youth aging out of foster care. This year, the foster care community continues to feel the effects of Covid-19, which are further compounding already existing challenges in being a foster parent, particularly in mental and emotional health. We want to take this opportunity to dive deeper into this particular issue because we are finding it to be the root of many issues in our foster homes.

We know that all children in care face some level of trauma, and we believe that CFSA and the Department of Behavioral Health are working to address that trauma in our youth. This is a significant challenge and we want to acknowledge and continue to monitor the progress made on emotional and mental health for youth in care. However, what is not being addressed is the secondary trauma faced by the resource parents who care for children in foster care. We have found that resource parents voluntarily close their homes when they are burned out because their mental and emotional health is not being addressed. Devoting more attention and resources to this issue could help retain resource parents.

FAPAC surveyed resource parents in the District and learned that their emotional and mental health is suffering from the inherent effects of caring for children who have experienced trauma. Most concerning is that there are not many supports available to resource parents to address their strained emotional health



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caused by the vicarious trauma they experience. Furthermore, the stress of Covid-19 has significantly worsened this issue. 67 resource parents in DC responded to our survey, and these were our findings:

- Despite Covid-19 concerns, 83% of resource parents kept their homes open during the pandemic and accepted children in care into their homes;
- 62% of resource parents feel their mental and emotional health is affected by fostering youth;
- 72% feel Covid-19 further affected their mental health;
- 69% are aware of the limited emotional support services provided by CFSA or its partners, such as therapy through Adoptions Together or support offered by the Department of Behavioral Health;
- Only 15% of resource parents are actually utilizing those services, and the majority believe that the services are not adequate or effective; 45% utilize their own personal emotional support resources, such as therapy through their own insurance, and the remaining resource parents – 40% – don't use any services at all;
- 81% stated that they would indeed utilize available emotional support services if they were free and confidential, where CFSA could not penalize them for the information they shared with their service providers;
- Finally, the majority of resource parents stated that individual therapy and group counseling from licensed professionals, and respite care for their children in care when they need a break, would be helpful.



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Some resource parents added comments to the survey, emphasizing the lack of supports available to them as resources parents, and others stating they were not able to acquire respite care for extended periods of time when they needed a mental health break.

One respondent stated the following: ***“CFSA taking way too long to find a more appropriate and supportive placement for a child in my care has caused me so much anxiety that I have had to go on anxiety medications for the first time in my life.”***

Another stated: ***“I have found the highest quality and consistent counseling for myself to be accessed through my own means and insurance.”***

Another stated: ***“As a resource parent, I see two limits. First, that mental health isn't being addressed internally, and second, the providers available to families involved in the system are not always the most trained, consistent providers.”***

One previous source of temporary respite for resource parents was Children’s Choice; however, it is our understanding that this resource is no longer available for children in care. This is highly concerning, due to the lack of therapeutic foster placement opportunities in DC. As you know, children in care have substantial needs, and many require a therapeutic placement to help meet those needs. CFSA’s matching tools, which are used to identify appropriate families for each child, are only accurate and thorough if they are utilized. We urge CFSA to invest more time in assessing each child's needs, prior to placement, in order to avoid mismatching children with homes that do not have the bandwidth to properly care for a



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particular child, which contributes to the repeated removal of children, which in turn further worsens the trauma children in care experience and further diminishes the emotional health of the resource family.

At FAPAC we believe in collaboration and solutions. Therefore, we want to present some ideas based on survey responses about how to resolve the emotional and mental health issues of resources parents:

- Hiring licensed counseling providers;
- Partnering with agencies to provide confidential licensed group and individual therapy sessions;
- Helping to alleviate the cost of private counseling services;
- Encouraging resource families to take breaks when needed by significantly expanding respite care; and
- Providing deeper assessments of each child's needs as soon as they enter care, thereby ensuring children are matched with resource families who have the appropriate expertise and bandwidth to care for their particular needs.

FAPAC offers our support and partnership to the council and to CFSA to continue to flesh out these ideas, dive deeper into these issues, and implement effective solutions. As we all know, resource parents are more than just a bed, and youth in care are more than just cases. Working together, we can elevate the human aspect of the foster care system for the benefit of youth and families.

Donna Flenory
Board President, FAPAC

CASA for Children of DC

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To: The Committee on Human Services
Re: Performance Oversight Hearing, Child and Family Services Agency
February 17, 2022

Introduction

Good afternoon Chairwoman Nadeau and members of the Committee on Human Services. My name is Arika Adams and I am the Executive Director of CASA for Children of DC. Thank you for the opportunity to testify today. CASA DC is grateful for all that the Child and Family Services Agency does for DC's child welfare involved youth and families, and all that you do to oversee those efforts. As you know, despite efforts and strides forward, which should be commended, there remain significant ongoing needs that must be addressed to improve outcomes for DC's youth – particularly in the areas of educational and mental health support. CASA DC believes that through enhanced partnership opportunities, we can ensure greater paths for youth to thrive.

For 20 years, CASA DC has provided compassionate, trauma-informed, and cost-efficient care to DC's foster youth. Founded in 2002 with an initial focus on foster youth, CASA DC has provided vital support to over 1900 DC youth and trained more than 2000 volunteers. We were founded with a vision that every vulnerable, court-involved youth in DC is supported by a positive adult figure, who can serve as a consistent support and a voice for that youth, so that they can thrive. This work is driven by volunteers - members of the DC community that we all know and love - dedicating their time and passion to supporting DC's future – and most vulnerable youth. By utilizing everyday volunteers from the neighborhoods where our kids come from, not only are we promoting the idea that “it takes a village to raise a child”, but we're working to build connection throughout the city, something that has a positive ripple effect in so many ways.

It's also cost effective. While we in no way replace CFSA, we do provide many needed services at a fraction of the cost. For example, all children referred to CASA for Children of DC are eligible for one on one mentorship with a trauma informed and gender responsive approach, assistance acquiring community service hours, individual and group therapy based on focused on evidence based modalities, well-being and permanency support, family therapy for reunifying families, educational support including assistance with monitoring attendance and IEP

compliance, life skills workshops, and all of this comes at no cost to the child or family. We do this at a rate of \$471/per child a month while CFSA is spending 38 *times* that or \$18,138/per child a month.

Our work is essential. Children in foster care have experienced trauma, predisposing them to lower academic achievement, high risk behavior, and future unemployment and homelessness. While CFSA is providing services to address these challenges – more can be done for our youth. CASA DC has proven success in helping DC's youth thrive. Our youth are doing better in school than their peers. They are building coping mechanisms and developing strategic goals. CASA youth are receiving vital one-on-one support from a positive adult figure dedicated to meeting their individual needs. Yet we are serving approximately 1/4 of CFSA's youth. We have the capacity to serve more, and volunteers who want to serve – but greater partnership is needed from the agency to identify and refer youth for services. CASA DC is taking care of the District's children and positioning them for brighter futures. But not only are we receiving less referrals than we have the capacity to serve, but we are not getting paid by the District for the services that we provide. We are willing to help. We are offering help to CFSA to address the very issues that are being cited here today and they decline to engage with us, despite the fact that our outcomes continue to show that what we are doing, and the way we are doing it, works.

One-on-One Mentorship and Advocacy for DC's Youth

CASA stands for Court Appointed Special Advocates - specially trained volunteers who provide mentorship and best interest advocacy to court-involved youth. CASA volunteers serve as a protective factor for traumatized youth - stable and positive adult figures who help to mitigate the impact of trauma through mentorship and advocacy.

Youth who have experienced trauma are paramously impacted. They face lower academic achievement & increased risk of future unemployment, homelessness, & high-risk behavior. Adverse Childhood Experiences (ACES), causing trauma, have been linked to risky behavior, lessened school performance, relationship difficulties, & chronic health conditions, diminishing opportunities through adulthood. (CDC, 2019) Positive adult figures are an identified protective factor against the impact of trauma (CDC). CASA volunteers are this person for their youth.

What does this look like? CASA volunteers are recruited from the community based on their passion for supporting youth. Many bring preexisting experience - from teaching to law - but all of our volunteers complete an intensive application process including background checks and a 30-hour trauma-informed culturally responsive training. From there, they are matched with only one child or sibling group, with whom they develop a mentoring relationship - engaging youth in

positive activities, like visiting museums, and assisting the youth with goal attainment - improving grades or applying for jobs.

Based on the relationship formed, CASA volunteers represent their youth's best interests in Court. We are the only organization in DC that unites child advocacy with mentorship - in fact, it is the personalized one-on-one relationships that our volunteers form with youth that drives their advocacy, ensuring that the child's voice is heard in court.

Youth with a CASA volunteer are positioned for greater outcomes. CASA for Children of DC is committed to providing court-involved youth with individualized support to achieve present goals and improve lifelong outcomes across four domains explicitly identified to help mitigate the impact of trauma in youth.

In 2021, CASA Volunteers dedicated nearly 12,000 hours to mentoring and advocating for DC's youth. With their support:

- 198 youth were supported in Permanency, with 78% of CASAs helping to support youth's placement stability in 2021.
 - With this support, more than 2/3 of CASA youth remained stabled in the same placement over the past year
- 188 youth were assisted with education and learning by their CASAs
 - Though research indicates that somewhere between 30 to 96% of foster youth perform below grade level (Morton, 2015), over three-quarters of CASA DC youth were on grade level.
 - 88% of our youth were approaching, at, or exceeding expectations, 238% higher than CFSA-involved youth (CFSA FY20 Oversight Responses) and 49% higher than DCPS as a whole.
 - CFSA Youth had a GPA of only 1.9, however our youth's GPA was 37% higher
- 185 youth were supported in well-being, including, social wellness support, mental health, and physical well-being
 - 139 youth were supported in social well-being
 - 77% of our youth were able to identify and practice healthy coping mechanisms
- 179 youth were supported in building Life Skills to strengthen their future, with 140 youth supported in personal growth
 - 78% of youth were engaged in skill-building activities
 - 77% of youth were empowered to have established future goals
 - 70% of older youth were engaged in job readiness preparation
- Nearly 500 recommendations were made to the Court to promote the best interests of youth. Three quarters were supported or ordered by the Judge.
- With CASA volunteers by their side, even during the pandemic, 96% of CASA youth had a trusted adult figure in their life

This support came with no financial support from or cost to the District. With DC funding, we could do so much more.

Funding

While DC's Child & Family Services operates at \$18,138 per youth, per month, CASA DC's services are provided at \$471 per youth, per month, \$350 of which is covered by the DC Superior Court. Not only does CASA DC make a difference – but we do so in a cost-efficient manner. Despite this, CASA for Children of DC has not been included in DC's budget since Mayor Fenty's time in office. Nor do we have any formalized contracts with the Child and Family Services, despite the hundreds of CFSA-involved youth we provide vital service to each year. We have met with CFSA time and time again to try and partner with them, to no avail.

Similarly, CASA DC has never received VOCA funding from the District, despite providing case management services to and community education on youth victims of abuse. As early as 1998, the Office for Victims of Crime determined Court Appointed Special Advocate (CASA) programs were eligible to receive VOCA funding through state victim assistance grants. CASA programs are uniquely qualified to use the direct service funds to support the recruitment, screening, training & supervision of CASA volunteers, enabling local CASA programs to cost-effectively provide direct services for victims of child abuse. VOCA has since become one of the most significant funding sources for CASA organizations throughout the country. In 2019, over 500 state & local CASA organizations in 46 states received a total of over \$73M in VOCA funding. This trend highlights that CASA programs are widely recognized as effective & cost effective as direct support for child victims. CASA DC, however, has never benefited from VOCA funding.

In addition to VOCA funding, CASA DC's services clearly qualify for Title IV-E Funds. However, a contractual relationship with CFSA is necessary to secure this funding. Not only would this benefit CASA at no cost to the agency – but the agency could receive additional funds by pursuing this opportunity. In 2010, the Department of Health & Human Services Administration on Children, Youth, and Families to National CASA explicitly determined that the training provided to CASA volunteers is eligible for Title IV-E funding. Receiving this funding would require a formalized contract between CFSA and CASA DC to allow for reimbursement – but doing so is a win-win. CASA DC trains community-based volunteers to provide increased services and supports to CFSA youth. Not only that, but CFSA would have the opportunity to retain 25% of the Title IV-E funding awarded while providing 75% to CASA DC. That means more money for DC's youth – *if* CFSA is willing to extend a partnership opportunity. However, despite the fact that we roughly estimate that Title IV-E would bring in roughly \$100,000 of funding into the District for children who need it, we were told by CFSA that “the juice isn't worth the squeeze.” I was even able to gather the paperwork and contract templates used in other jurisdictions for us to use as a foundation, but they were unwilling to partner to receive \$100,000 from the federal government at no expense for them, for DC's kids.

There is so much more that can be done for our youth. And while CFSA is doing a lot, it is not enough – particularly in the areas of education and mental health. CASA DC is now using its own funding to build additional support to youth in these areas.

Providing Needed Services

Up to 80% of children enter the foster care system with significant mental health needs. (Lohr and Jones. 2016). CASA has seen firsthand the profound impact that trauma has on our youth and the vital need for therapeutic services. We have also seen firsthand the difficulties our youth face in gaining appropriate therapeutic support. Currently, over two-dozen youth at CASA are on waitlists for therapy. CFSA's Oversight Responses illustrate this gap – less youth are receiving services than who are referred, and this gap in services only increased from FY20 to FY21.

To address this gap, CASA DC has now expanded to offer clinical services, with a Clinical Social Worker who will be offering group and individual therapy to youth – including trauma-focused behavioral therapy, play therapy, and dialectical behavioral therapy. With referrals, more clinical staff will be hired. These therapists will be serving CFSA-involved youth – yet there will be no cost to the agency. However, youth must be referred to CASA DC to receive this support – something that CFSA should be doing at a far more increased rate to ensure greater service to youth.

CFSA-involved youth are also in clear need of more educational support. With an average GPA of 1.98, as reflected in CFSA's oversight responses – this means the majority of CFSA youth have below a C-average. Yet we know our youth can do better. With CASA volunteer's support, our youth (with known GPAs) average 2.6 – a significant increase over the overall CFSA population. Knowing the difference CASA can make, we plan to do more. CASA DC is in the process of developing an education expansion. At the end of 2021, CASA DC hired an Educational Specialist, to develop expanded educational services at the organization. Plans are currently in process to provide CASA volunteers with specialized training on supporting youth's core academic competencies, to provide tutoring support, in addition to strengthened training in educational advocacy and special education needs. With this support, CASA volunteers can continue to build upon education successes, creating stronger paths for our youth.

Conclusion

CASA for Children of DC has been dedicated to DC's foster youth for 20 years. Our volunteers empower DC's youth to greater outcomes and success. We have the capacity to serve more youth and to make a difference in more lives. But strengthened partnership and collaboration is necessary to ensure CFSA's youth are referred for these supports. We implore the agency to consider formalized partnership or referral procedures.

Thank you Chairwoman Nadeau and members of the Committee on Human Services. We welcome any questions. Thank you all, for your time and for your support.

**PERFORMANCE OVERSIGHT HEARING
CHILD AND FAMILY SERVICES AGENCY**

COMMUNITY FAMILY LIFE SERVICES

Good morning, Chairperson Nadeau and members of the Committee. My name is Ashley McSwain and I am the Executive Director for Community Family Life Services. CFLS has been serving vulnerable DC residents since 1969, and has managed its parenting program in partnership with CFSA since 2013. In 2015, we expanded our continuum of services designed to respond to the intersecting needs of women returning home following a period of incarceration. Through a one-stop service delivery model that is gender and trauma informed, we have developed an organization that provides services using a combination of direct supports and partner relationships. We begin our work while women are in prison or jail and continue that work when they return to the community, offering supports for up to five years. Our women's reentry continuum of care offers: Case-Management, Parenting, Emergency Services, Supportive Services, Housing, Employment, Women's Wellness, HIV prevention and outreach, Legal Services, and our Speakers Bureau which provides peer supports.

We support mothers as they reunite with their children and address the unique, all-encompassing and gender-specific needs they require. In the last 40 years, the number of incarcerated women increased by more than 700 percent, a growth-rate outpacing men by more than 50 percent.^{1 2} Twenty-five years ago, the presence of women was an aberration in the criminal justice system, but today there are 1.2 million women under its supervision – and 75 percent are mothers.³ The number of mothers with children under the age of 18 more than doubled since 1991, an increase of 131% and 80.9% of mothers reported living with at least one child prior to their incarceration.⁴ The impact of female incarceration on child well-being is of particular concern, as incarcerated women are much more likely than their male counterparts to

¹ National Resource Center on Justice Involved Women (2016). Fact Sheet on Justice Involved Women in 2016. Retrieved from <http://cjinvolwedwomen.org/wp-content/uploads/2016/06/Fact-Sheet.pdf>

² Kajstura, A. (2017). Women's Mass Incarceration: The Whole Pie 2017. Retrieved from <https://www.prisonpolicy.org/reports/pie2017women.html>

³ Sentencing Project (2015), Incarcerated Women and Girls Fact Sheet, chrome-extension://oemmnecbldboiebfnladdacbfmadadm/<http://www.sentencingproject.org/wp-content/uploads/2016/02/Incarcerated-Women-and-Girls.pdf>

⁴ Glaze, L.E. & Maruschak, L.M. (2010). Parents in Prison and their minor children, Bureau of Justice Statistics Special Report, U.S. Department of Justice – Office of Justice Programs. Retrieved from <https://www.bjs.gov/content/pub/pdf/pptmc.pdf>

be primary caregivers of minor children at the time of their imprisonment⁵. A woman's experience prior to incarceration and the "collateral consequences" caused by her absence affect her and her child as she tries to reestablish herself into her community and integrate into their lives.

Our Parent Support and Home Visitation program uses an evidence-based curriculum that uses trauma-informed care, and through our partnership with the DOC, Fairview and Bureau of Prisons we visit the DC jail every week to begin working with women to support them during this difficult phase when they are trying to parent their children from a distance and manage their relationship with the caregiver. We are able to support the parents as they navigate the difficult experience of telling their story, managing their feelings of guilt, identifying strategies of communicating with their children while incarcerated and offer tips about maintaining the relationship after they are released. These are extremely unique issues that incarcerated mothers face in comparison to incarcerated fathers as the family dynamics are usually very different given the social norms around parenting.

DC's home visiting programs have been a vital part of our women's reentry initiative allowing us to reach parents before, during and after incarceration thus ensuring that they have the tools and supports they need to parent their children after incarceration. Our work helps build confidence in families, reduce incidents of child neglect and impact public safety as women do not return to prison when they have the supports they need to effectively support and parent their children. And while we are grateful for our partnership with CFSA it takes significant resources to address the comprehensive and collateral needs women face as they reunite with their children while rebuilding their lives. More funds are needed to expand the services as we respond to their intersecting and often competing priorities.

Thank you and I will take any questions.

⁵ Kristie Auman-Bauer (2016), Studying the effects of incarceration on women and their families, Pennsylvania State University, <https://phys.org/news/2016-10-effects-incarceration-women-families.html#jCp>

Testimony before the Council of the District of Columbia

Committee on Human Services

February 17, 2022

Child and Family Services Agency Oversight Hearing

Valencia Harvey

CFSA Resource Parent

Good morning, Chairperson Nadeau and members of the Committee on Human Services. I am Valencia Harvey, a Specialized Older/Other Youth (SOY) Resource Parent with CFSA, Resource Parent Co-Facilitator of NG-PRIDE, the training curriculum used to train prospective resource parents and a co-chair of the CFSA Parent Advisory Committee (PAC). I was also honored to be chosen as the current District of Columbia Foster Parent of the year. SOY parents have a higher level of training to accept children who have a higher level of need based on an assessment by the social worker.

Recently I was tasked with an assignment from PAC to gather information from resource parents regarding “*Resource Parent Support Workers – Who are they*”.

Ana Burgos, LICSW, Administration for Kinship & Placement of the Office of Out of Homes Support of CFSA, kindly volunteered to partner with me to host 4 meetings with resource parents with children from 0 -7; 8 – 12; 13 – 16; and 17 – 20 years of age. Ms. Burgos really made us feel listened to and confident that our issues would be addressed. She was kind, understanding and attentive and I wanted to thank her publicly.

As a 20 year plus resource parent there are some areas of concern to me that impact the result of our children's wellbeing. They are:

Grief:

As a resource parent we are taught from the beginning that grief is expected (the child has been removed from family, friends and their neighborhood). There are several stages of grief (denial, anger, bargaining, depression and understanding) and our children speak with behavior. They can often be violent, oppositional, and isolate as a result of grief. These are some of the behaviors that often leads to placement disruption. The mental health services our children have are from their Core agency whose diversity in therapy is very limited, with no grief component such a therapy or group therapy. If we know our children have an issue that is expected, one would think that their first 30 to 45 days in care would be met with a plan to address that issue. However, due to the serious limitations of the Core Service Agencies, our children's therapeutic needs remain unmet. Although I understand that CFSA does not run those agencies, it is still our children who are suffering, so a process must be developed for better inter-agency solutions. This is why I am speaking about this today. Our children 15 and under sometime receive therapy through CFSA's Office of Well Being. Why could they not set up an initial 30-to-45-day grief assessment and group therapy then the child could rollover to

the Core agency's therapist with the grief component in place. Simply develop better inter-agency solutions.

Substance Abuse:

We have a high percentage of our children who self-medicate with weed and alcohol. At present a referral for my child is predicated on self-reporting. If that is not high enough, (the amount they intake) the referral process ends. I would like to see Certified Addiction Counselors (CAC) made available, and outpatient treatment programs that can provide services that are open for walk-in at any time with no prerequisite of self-reporting or judging if your use is high enough for services. As with mental health, this is an issue of the city's agencies working better together on behalf of our most vulnerable children.

Another Look

I was a Therapeutic foster parent with a privatized agency for a little over 12 years. As part of CFSA's path towards ending contracts with the private agencies, the contract with my agency ended in 2012. All homes that were licensed in the District of Columbia were mandated to become a CFSA foster homes or give up your children and no longer foster. In 2017, under CFSA's Safe Haven Redesign, the remainder of CFSA DC homes were removed from private agencies to CFSA. CFSA also, began to contract with only one Maryland agency to serve all Maryland families of DC children. At the same time, the Agency eliminated the category of "Therapeutic" Resource Parent and therapeutic children. We heard that the Agency didn't think that they were seeing much of a difference in the quality or skill of therapeutic resource parents as compared to traditional resource parents and thus decided to eliminate this category of care. CFSA ran on the premise that all children were traumatized as a result of being removed, therefore promised to train

all foster parents as trauma informed caregivers and provide trauma informed services for our children. This never happened.

Before the redesign, Specialized Older Youth (SOY) was created to service our children who required a higher level of care based on the social worker's assessment. As various needs arose, instead of investing in cohorts already created, CFSA would create another set of resource parents thus the cohort of Professional parent Stabilization, Observation, Assessment, and Respite Care (SOAR). The need to service teen moms arose, so yet another category of Resource Parent was established- Professional Parent Team Mom. Most currently, CFSA has created the Trauma Informed Professional Parent (TIPP) for children between 8 – 12 years old. However, despite all these categories of parents, we still have children whose needs cannot be met inside CFSA. Some of these children move from home to home, and have been refused admittance in most residential facilities, never getting the services that meet their needs to hold them stable.

Although the plan was for there to be only one Maryland Agency (NCCF), CFSA soon turned to another agency, Children's Choice, to provide the therapeutic care they didn't anticipate still needing when they did their original redesign.

Unfortunately, Children's Choice did not renew their contract and once again we are back to the drawing board for the services of our therapeutic children.

Additionally, if you became a resource parent prior to 2012, you had a version of MAPP or PRIDE developed years ago. You would not have received any of the new curriculums, Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships (TIPS-MAPP) and/or New Generation - Parent Resources for Information, Development, and Education (NG-PRIDE).

Our children come with a need for a higher level of care and our training and supports are not keeping up with that level of need. This 24 hours on- call support and truly comprehensive training is what I received in my private agency and So I ask the question: should CFSA look at bringing privatized agencies back?

In conclusion, although the services our children receive need to address their intensive levels of grief and trauma do not rest solely with CFSA. When CFSA sends my child to a community provider/Partner, I want for them to be responsible for seeing that the services promised are provided. I want for parents to be given the contact information for a monitor or liaison with the authority to get involved to ensure services are adequate. I am also asking that if the agency remains committed to their decision that brought all DC homes inside CFSA, that the training and supports we receive begin to more closely match the higher -level of emotional needs of the children currently in care in our homes.

I am deeply committed to my role as a DC resource parent for older youth. I appreciate the opportunity to testify today about the services and supports I feel are needed from our city to be the best parent I can be. I also appreciate the open-door policy of Ann Reilly and others who listen to our feedback and will continue to work in partnership with them in whatever ways are available.

Thank you.

Testimony before the District of Columbia Council

Committee on Human Services

Performance Oversight Hearing

Child and Family Services Agency

February 17, 2022

Emily Smith Goering, PhD, MSW

Thank you for the opportunity to speak. My name is Emily Smith Goering and I am a Ward 7 resident. I have over 15 years of experience in child welfare, both as a practitioner and a researcher. My research has included evaluating interventions for youth aging out of foster care, which is the topic I am here to discuss today. While my professional credentials are relevant for this testimony, it is my lived experience as a foster parent in the District of Columbia that is most important.

For the past four years my husband and I have fostered an amazing young woman who we now call our daughter. She is incredible, she is smart, she is resilient, she is a college student, and she is the mother to two amazing little boys. She was also an Unaccompanied Minor served under the Lutheran Social Services URM program in D.C. I would first like to start by thanking the District for extending foster care for youth turning 21 until the end of the public health emergency. That helped our kids immensely. However, in November, our daughter aged out of foster care, and the experience was like being pushed out the door with no safety nets in place. To provide one example, three months after aging out of foster care she has no medical or SNAP benefits, both of which she would qualify for and both of which she (and we) asked for support with accessing multiple times before aging out. Did you know that a youth living in a foster home cannot preemptively apply for benefits, such as SNAP, TANF, or child care prior to leaving care? This means they *first* have to exit care before applying and then wait for approval. We were told this was because the foster home is providing for all their needs but what does this mean for youth the day they age out? A simple solution for this would be to reduce the foster home's reimbursement as the youth reach the age of emancipation so that they can start using their own benefits, practice buying their own food, resulting in some small steps towards independence. For our daughter the existing policy has meant an application for SNAP on the day she aged out and after 4 months she is still waiting for approval, meaning she is still waiting

today. Her medical card, which she is entitled to until age 26, has been revoked, for reasons unknown and again, she remains uninsured as I speak to you now. She received a letter from the D.C. Department of Health Care Finance two months after aging out, cutting off her medical card with no clear reason why and no assistance in figuring out how to obtain it.

There is more I could say about the failings in her specific case, but I want to emphasize that this is happening far too often to youth who are aging out in the District, and other advocates in the field agree. In my previous work on the DC Citizen Review Panel on Child Abuse and Neglect, to which I was appointed by this Council, we had been raising alarm bells for years about the need for more support for these emerging adults and accountability for CFSA with the services they do or do not provide. These young people need advocates to support them in dealing with the barriers and bureaucracy as they age out. True advocates, not just someone providing a phone number to call, but someone who helps them navigate the complexities of adulthood. In fact, some states are piloting youth navigator programs, i.e., programs specializing in helping youth aging out with navigating resources and adult life. But in addition to advocates, CFSA should not be released from their responsibilities for these youth until they have the supports they need, or at a minimum, all benefits they are eligible for are in place. A simple solution would be to have a benefits specialist at CFSA who has a direct line to Medicaid, child care, SNAP and TANF offices. These departments currently work in silos and should be allowed cross-department direct access when supporting these youth. Best practice would also require the agency work on assisting the youth with building relational permanency before they age out of care - meaning that they have lifelong, supportive, adults in their life who can help them as they continue to grow into independent adults. What my daughter lacked in benefits safety net she makes up for in spades with relational supports, and frankly it has saved her and the boys from food and financial insecurity. I want to commend the work of DC Family

& Youth Initiative who is implementing an evidenced-based Open Table model to help provide those needed relationships; we need more of this and more of it before they exit care.

And finally, our city needs to be tracking what is happening to these youth. The agency, or external accountability groups, should be asking basic questions at case exit to make sure each youth aging out has the financial and relational support they need to succeed in the next phase of their lives. Ideally, youth should be asked these questions directly. And a year later we should be following up to see how these youth are doing, e.g., are they homeless, employed, are their needs being met. The day they leave the system CFSA sees these youth as no longer their responsibility, but if they are left uninsured, without benefits, homeless, and with no access to educational opportunities mere months after exiting, CFSA's metrics should reflect that poor preparation they provided and be held accountable.

I asked my daughter, the most important voice in this testimony, what she would want me to communicate to you all about the problems she sees with the process of youth aging out of foster care. She said three things: (1) The social workers and people involved are always changing. During her final year in foster care she had lots of people in lots of meetings. Rarely did she have relationships with any of them or know who they were and what they did; (2) We were always getting wrong information or different information about her benefits. No one knew the process and/or what she would qualify for; and (3) She is worried for the youth aging out that don't have lifelong, intensely committed supports like her father and me. We will continue to advocate for her to help her get her needs met, drive her to appointments, help her search for the necessary paperwork for applications, and we would never allow her and the kids to be without food, medical care, etc. as she waits. But many youth who age out of D.C. foster care do not have that safety net. She is concerned about what happens to those young people.

As a city, we must do better to support these youth, and it starts with CFSA. I hope the Council considers this request to push for more accountability for the agency in how they advocate, prepare and monitor outcomes for youth who age out of foster care.



Testimony to Committee on Human Services Council of the District of Columbia

**Nahlah Melaih, Director of Programs
Capital Area Asset Builders (CAAB)**

February 17, 2022

Good morning Madam Chairperson and members of the Committee on Human Services. My name is Nahlah Melaih, and I am the Director of Programs of the DC-based, non-profit organization, Capital Area Asset Builders (CAAB).

Today I am honored to provide testimony before this Committee, and discuss the extremely productive partnership CAAB has with the DC Child and Family Services Agency (CFSA) for the benefit of older foster youth in the District.

Our foster care youth have been able to benefit and continue to benefit from this partnership far beyond their time in care. Through our partnership with CFSA, CAAB manages the Making Money Grow Program. CAAB is working to assist DC foster care youth ages 15-21 to get on the path toward taking control of their finances, increasing their savings and building wealth for a better future.

For the past six years, CAAB has partnered with CFSA's Office of Youth Empowerment to provide financial education services and lifelong skills around the importance of savings and overall money management to youth in the care of the DC government. The Making Money Grow matched savings program provides youth the opportunity to receive a 1:1 match on up to \$500 each year from ages 15-17, and a 2:1 match on up to \$1,000 from ages 18 to before turning 21. If a youth starts the program at 15 and maximizes their savings, they can receive \$7,500 in matched funds and exit the program with \$12,000. The match funds can be used for housing, car purchase or repairs, health care expenses, education expenses, or to start a small business. Additionally, the program provides foster care youth the ability to use their matched savings funds for transitional purposes. Along with the match component of the program, youth also receive one-on-one credit coaching, and comprehensive financial education training. CAAB has witnessed the impact of this program on the lives of our youth, both while in care and once they transition from care.

To the best of our knowledge, this is the only matched savings program of its kind in the nation for the benefit of foster youth. We applaud CFSA for directly and financially empowering foster youth so that upon aging out they can have access to financial assets to deal with life.

Approximately 100 youth, are currently enrolled in the Making Money Grow Matched Savings Program. Many of our youth have used the program to purchase their first car, pay rent for their first apartment, pay off education expenses, and purchase medical necessities. Furthermore,



youth in the program have worked tirelessly to build healthy savings habits, build their credit, and learn the importance of effectively managing their money.

We recognize and thank the leadership and staff at CFSA's Office of Youth Empowerment for their involvement in the Making Money Grow program, and for their leadership in expanding our partnership and delivery of services to more CFSA clients.

Programs like this one have true impact in the lives of older foster youth.

Thank you for the opportunity to provide my testimony and I look forward to answering any questions you may have.

Committee of Human Services
Public Oversight Hearing: Child and Family Services Agency
Testimony of Megan Conway
Citizen Review Panel for Child Abuse and Neglect
February 17, 2022

Good morning, Councilmember Nadeau. My name is Megan Conway. I am a member of the Citizen Review Panel for Child Abuse and Neglect (CRP), a guardian *ad litem* at Children's Law Center, and a resident of Ward 5. Today I am testifying on behalf of the CRP, which is mandated by District and Federal law to serve as an external, independent oversight body for the District's child welfare system. Within the CRP, I serve on the Older Youth Services Working Group.

The Older Youth Services Working Group recently completed a study and prepared a report, which is attached to my testimony. This study was prompted by concerns of the Working Group members that older youth in DC leave the child welfare system lacking the skills and training required to support themselves independently. The challenges faced by older youth in care, and youth aging out of foster care, are well documented both on the local and national level.

Our Working Group sought to evaluate the current programming offered by the Child and Family Services Agency (CFSA) to older youth; and, further, to develop recommendations for strengthening the services and supports for this population of foster youth. For this report, the Working Group chose to focus on financial readiness and vocational training opportunities in hopes of shedding light on the nature, quality, and efficacy of the services provided to youth aged 15-21.

The report makes several recommendations to expand the supports that CFSA provides to older youth in the realms of financial readiness and vocational programming. Regarding financial readiness, the Working Group recommends that all youth in care have access to a high-quality,

developmentally appropriate, financial literacy curriculum. Further, we recommend that financial literacy programming be available to resource parents and Kinicare providers as well. We also made recommendations regarding the rules, recruitment, and infrastructure of the Making Money Grow Program. Regarding vocational programming, the Working Group recommends improvements to transparency and communication regarding the vocation opportunities available to older youth.

In January 2022, the Working Group submitted its report to CFSA, the Mayor's Office of Talent and Appointments (MOTA), and the DC Council. Last week, CFSA leadership – including Director Mathews, Deputy Director Ann Reilly, OYE Administrator Asante Laing, and CRP Liaison Roni Seabrook – met with CRP members to discuss the report's findings and recommendations. Overall, the Agency did not seem to disagree with the Working Group's conclusions and the Agency committed to implementing several recommendations, and to considering others. We plan to meet again in Q3 to follow up on the commitments that CFSA has made to address the needs of older youth in care.

The Working Group is encouraged by the engagement that CFSA leadership has offered in response to the report. However, I hope that the Committee will read the Working Group's report in full and engage in rigorous oversight of CFSA's work to meet the needs of older youth.

Thank you for this opportunity to testify and I welcome any questions.

Enclosure:

CRP Report - District of Columbia Child and Family Services Agency: Preparing Older Youth for Independence Findings and Recommendations of the Citizen's Review Panel

**The District of Columbia
Citizen Review Panel for
Child Abuse and Neglect**

**District of Columbia
Child and Family
Services Agency:
Preparing Older
Youth for
Independence**

Findings and Recommendations
of the Citizen's Review Panel

October 2021

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A NOTE ON THE CITIZENS REVIEW PANEL

The District of Columbia Citizens Review Panel for Child Abuse and Neglect (CRP) is mandated by District¹ and Federal² law to serve as an external, independent oversight body for the District's child welfare system. The CRP evaluates the strengths and weaknesses of District government agencies involved in child protection as well as neighborhood-based services provided by organizations under contract with the Child and Family Services Agency (CFSA). The Panel examines “the policies, practices, and procedures of the Agency and any other District government agency that provides services to children at risk of abuse and neglect, or to children under the care of [CFSA], including, as appropriate, the review of specific child cases.”³ Based on this monitoring, the Panel evaluates the extent to which agencies that serve children at risk of abuse or neglect, or that are responsible for children in foster care, are effectively discharging their child protection responsibilities.⁴

The members of the CRP are politically appointed in part by the Mayor and in part by the Council of the District of Columbia. Panel members must be residents of the District and cannot be employees by District government.⁵ Local law requires that the panel be “broadly representative of the community and includes members who have expertise in the prevention and treatment of child abuse and neglect. The Mayor and Council shall seek to include a diversity of professional backgrounds on the panel, such as children’s attorneys, child advocates, parents, foster parents, and other consumer representatives, social workers, educators, and health and mental health professionals who are familiar with the child welfare system.”⁶ The research and writing of this report was conducted by a sub-group of the CRP committed to examining the policies and practices in place to support older youth in the care of the District of Columbia. Members of the Older Youth Services Working Group (hereinafter, “the Working Group”) represent decades of professional experiences in social work, foster parenting, and legal services for foster youth.

The work of this report was prompted by concerns of the Working Group members that older youth in DC leave the child welfare system needing additional resources for financial readiness and educational and vocational support. The challenges faced by older youth in care are well documented both on the local⁷ and national⁸ level. As such, the Working Group sought to evaluate the current programming offered by CFSA to older youth; and, further, to develop recommendations for strengthening the services and supports for this population of foster youth. Specifically, the Working Group hoped to shed light on the nature, quality, and efficacy of the services provided to youth aged 15-21 in the areas of financial readiness and educational/vocational achievement.

Over the course of more than a year, the Working Group conducted interviews of foster youth and resource parents, reviewed agency and program data, spoke with Agency employees,

and reviewed best practices in the realm of older youth in child welfare. The present report uses the data gathered over the course of the Working Group's work to compare current CFSA practices to best practices, to identify gaps, and to recommend opportunities for the Agency to improve the services offered to older youth in care.

Importantly, the COVID-19 pandemic required this project to be flexible considering changing circumstances and to adjust priorities and expectations. While many of the concerns raised in this report long predate the pandemic, it would be unfair to neglect the ways in which the health emergency affected the Agency and its programming. For example, this report discusses the YVLifeSet program offered by CFSA. This program was adopted by the Agency in April 2019. As such, this program was in operation for less than a year prior to the onset of the pandemic and, as of the time of this writing, has spent more time than not operating in pandemic conditions. While this report does not specifically address the difficulties and complications caused by the COVID-19 pandemic, it does acknowledge the reality of the pandemic and its effects on both this research and the work of child welfare.

PROJECT OVERVIEW

Background

While the goal of child welfare systems across the country may be to connect children with families, national data shows that half of foster youth aged 16 or older exit care through emancipation, rather than through a reunification, adoption, or guardianship placement.⁹ Because these young people are aging out of care without stable or well-defined familial support system, it is crucial that child welfare agencies ensure that older youth heading for emancipation are prepared for independent living.

In the District of Columbia, the child welfare system is led by the Child and Family Services Agency. Within this agency, the needs of older youth are managed by the Office of Youth Empowerment (OYE). On their website, OYE outlines one of their critical obligations as follows:

“While [] young people remain in foster care, CFSA has an obligation to prepare them for adulthood. Although a public agency can never be the optimum parent, these young people are growing up in the child welfare system. Along with the same developmental needs as all modern teens, youth in foster care face a host of special challenges through no fault of their own. These young people especially need and deserve quality nurturing, guidance, and support and all the same opportunities good parents provide for their own children.”¹⁰

The Working Group commends the efforts that the Agency makes to reach reunification for as many children in care as possible. However, our oversight role is to examine the programming and policies affecting those youth currently in care. As such, the Working Group sought to

evaluate the extent to which CFSA, through OYE programming, prepares youth to live independently once they exit care. We decided to focus our research on two areas of independence: financial literacy and vocational readiness.

In the District of Columbia, 75% of older youth (defined as youth aged 14 or older) exit care through emancipation.¹¹ The struggles faced by this subset of foster youth are made apparent through CFSA's annual performance oversight responses. For example, data on education outcomes show that high-school aged children in the care of CFSA in FY2020 had grade point averages (GPAs) ranging from 0.0 to 3.81, with an average GPA of 1.98 and a median GPA of 2.0.¹² Additionally, the graduation rate for students enrolled in 12th grade or a GED program was only 69%.¹³

Based on their personal and professional experiences with the child welfare system in DC, the Working Group observed that older youth often leave the care needing additional resources for housing, financial readiness, educational support, and services to assist parenting youth. In view of these concerns and opportunities, the CRP aimed to shed light on the nature, quality and results of services provided to youth aged 15-21 in these areas - beginning with financial readiness and educational/vocational achievement (diploma, GED, trade certification).

Later sections of this report will elaborate upon why these issue areas were chosen as focus, background research on best practices in that area, descriptions of current programming offered by CFSA, and an analysis of that programming. Finally, each section will conclude with a set of recommendations, drawn from our research findings, that we believe will improve the experiences and outcomes of older youth in foster care.

Research Questions

The Older Youth Services Working Group submitted the Older Youth Services Proposal to CFSA on May 11, 2020. CFSA acknowledged receipt of the proposal on May 19, 2020, and provided a thorough response to the proposal on June 9, 2020. The proposal included the following sets of research questions:

- 1) What kind of financial readiness programs do youth currently participate in, and what do the youth who have aged out think they need? What do the youth say about the programs available, such as the Making Money Grow program? What are the participation rates and amount of savings? What tweaks can we recommend improving the program? Are youth taught to file taxes? Budget? How is this done? Is it enough?
- 2) What is OYE doing to ensure youth graduate high school/get a GED/go on to college or learn a trade? Is current OYE programming resulting in improved achievement? What are the statistics of youth who achieve these goals by age 21

compared to the general population in DC schools? How does the District compare to other similarly sized cities? What are other cities doing that we could try here?

Methodology

In seeking to answer the above research questions, the working group employed three primary means of investigation including 1) background research on best practices for programming offered to older youth in foster care, 2) interviews with current foster youth, current CFSA employees, and current CFSA contractors and 3) a series of data requests from the Agency. Each of these investigatory methods is detailed further in each section of analysis below.

For the interviews of current older youth in care, the Working Group spoke with eight (8) youth. Due to the COVID-19 pandemic, interviews were conducted virtually. Each youth provided informed consent to participate in the interview and for inclusion in this report. Upon completion of the interview, each youth was compensated for their time with a \$50 Visa gift card. Notably, the youth who were interviewed for this project were chosen by CFSA for participation in our research. The Working Groups is unsure how these youth were chosen or what sorts of selection bias may consequently be built into any conclusions drawn from those interviews. Additionally, because so few youths were identified by the Agency for interviews, we make every effort to anonymize their responses within this report.

It is also important to note that the impact of the COVID-19 public health emergency began in March 2020 and persisted through the entirety of the research period covered by this report (May 2020 - Oct. 2021). Diversions from the research plan are attributed to the complications of the pandemic. As the full CRP and the working group shifted to online meetings, delays affected the timeline presented in the initial research proposal. Interviews with foster youth and CFSA employees were held virtually through video and telephone conferencing. The group ultimately decided to postpone the analysis of CFSA's educational programming and instead focus on financial readiness and vocational support programming.

FINANCIAL READINESS PROGRAM EVALUATION

For all young adults, regardless of child welfare involvement, financial capabilities are key to obtaining and sustaining housing, acquiring, and maintaining employment, reducing stress, and decreasing reliance on government agencies and the families from which youth were removed. To support themselves financially, youth must exit care equipped to earn income and to manage it such that they are able to cover their necessary living expenses and to save for emergencies.

Guiding the evaluation of the financial readiness programs offered and implemented by

CFSA is a framework for financial literacy curriculum published by the Consumer Financial Protection Bureau (CFPB).¹⁴ The CFPB guide examines the building blocks of financial literacy and creates a model for teaching financial literacy that pairs the necessary elements of financial capability with the developmental stages of children and youth. This section will briefly outline the framework established by the CFPB's developmental model and then use that framework to analyze the programs implemented by CFSA for youth in their care.

Best Practices for Teaching Financial Readiness

The guide developed by the CFPB provides a comprehensive analysis of the issues of financial readiness in youth. Their guide most directly addressed those concerns that all caregivers and educators face in trying to build financial capability in the children and youth in their care. From the start, it is important to note that this report is not specific to children and youth in the child welfare system. However, the Working Group believes that the guidelines and the recommendations made in the report are appropriate guides by which CFSA could further develop its financial literacy programming.

The CFPB defines financial capability as “the capacity, based on knowledge, skills, and access, to manage financial resources effectively.”¹⁵ Further, they advise:

“To be financially capable, individuals must be able to understand and apply financial knowledge. Individuals also have to acquire healthy money habits, norms, and rules of thumb (automatic, mental shortcuts that simplify decisionmaking), as well as the ability to stick to a plan and successfully complete financial tasks.”¹⁶

The CFPB identified three building blocks that comprise the foundation upon which children learn these crucial skills – executive function, financial habits and norms, and financial knowledge and decision-making skills.¹⁷ While the full CFPB report details each of these building blocks, brief definitions are included here:

1. “Executive function – a set of cognitive processes used to plan for the future, focus our attention, remember information, and juggle multiple tasks successfully.”¹⁸
2. “Financial habits and norms – the values, standards, routine practices, and rules of thumb used to routinely navigate our day-to-day financial lives.”¹⁹
3. “Financial knowledge and decision-making skills – familiarity with financial facts and concepts, as well as conscious and intentional decision-making skills. These

include budding versions of skillful money management, financial planning, goal setting, and financial research.”²⁰

Below, Table 1 from the CFPB report²¹ explains each of the building blocks and how they apply to financial capability in adults.

TABLE 1: THREE YOUTH BUILDING BLOCKS OF FINANCIAL CAPABILITY

	1 Executive function	2 Financial habits and norms	3 Financial knowledge and decision-making skills
What it is	Self-control, working memory, ¹² problem-solving	Healthy money habits, norms, rules of thumb	Factual knowledge, research and analysis skills
What it supports in adulthood	Future orientation, ¹³ perseverance, planning and goal setting, general cognitive flexibility ¹⁴	Decision shortcuts ¹⁵ for navigating day-to-day financial life and effective routine money management	Deliberate financial decision-making strategies, like financial planning, research, and intentional decisions
Examples of financial application in adulthood	Saving, setting financial goals, developing and executing budgets	Having a system to pay bills on time	Effective comparison shopping








Additionally, the CFPB report notes that there are several pathways to acquisition of these building blocks – early experiences and environment, parental influence, financial socialization, experiential learning, and direct explicit instruction. These pathways to acquisition may be found at home, in school, or through other programs such as extra-curriculars, community programs, or private offerings.²²

Here we acknowledge that CFSA is not, and should not be, responsible for the financial literacy programming made available in the community or in schools. However, this does not diminish the impact of financial learning that takes place in the home and by parental example. As such, it is crucial that the Agency ensure that youth in care are receiving the necessary building blocks for financial readiness, regardless of their placement. An emphasis on financial readiness is especially important for foster youth who age out of care and are more likely to experience unstable housing and homelessness²³ and are less likely to complete high school²⁴ than their peers without child welfare system interactions.

Due to the intersection of unstable housing and under education among other detrimental outcomes, youth with foster care involvement earn less over their lifetime. For this

reason, it is of the utmost importance that these youth in care be prepared with the building blocks of financial capability throughout their childhoods. The nature of child welfare is such that the Agency cannot predict when youth will enter care and for how long they will remain. While this report was focused on programming for older youth, financial literacy is a skill that must be built through childhood and adolescence. The CFPB report details how each of these pathways to acquisition are introduced to children as they progress through the three main developmental stages of childhood. Below, Table 2 from the report²⁵ outlines how the building blocks of financial capability align with and progress during early childhood, middle childhood, and adolescence. Because later financial literacy skills are built upon foundational skills that an older youth in care may or may not have acquire, it is necessary for CFSA to ensure that their financial readiness programming includes an opportunity for youth to acquire the foundational skills before they are expected to be successful in the matched savings program.

TABLE 2: PRIMARY DEVELOPMENTAL STAGES FOR YOUTH BUILDING BLOCKS OF FINANCIAL CAPABILITY

	1 Executive function <i>Self-control, working memory, problem-solving</i>	2 Financial habits and norms <i>Healthy money habits, norms, rules of thumb</i>	3 Financial knowledge and decision-making skills <i>Factual knowledge, research and analysis skills</i>
Early childhood (ages 3–5)		Early values and norms	Basic numeracy
Middle childhood (ages 6–12)			
Adolescence and young adulthood (ages 13–21)			Basic money management
	Development continues	Development continues	

[Current CFSA Programming: Making Money Grow](#)

In CFSA's response to our initial project proposal, the Agency noted that the only financial readiness programming offered to youth is Making Money Grow (MMG). This program is managed by Capital Area Asset Builders (CAAB), a local non-profit with a stated mission "to create opportunities for low- and moderate-income individuals in the greater DC region to build financial security, savings, and wealth for the future."²⁶

According to CFSA's Office of Youth Empowerment (OYE), this financial literacy program "teaches youth how to manage their finances, save for the future and transition out of care with up to \$12,000."²⁷ The program is open to all interested foster youth ages 15-20.5. Upon opening an account, the youth are registered for an orientation session. According to CFSA, this orientation entails an introduction of the program manager of MMG, an understanding of the participant's personal saving's goal, a perception of how achievable it is, barriers that could potentially affect the participant from saving, a review of the MMG handbook, as well as how to use the MMG savings account.²⁸ As of July 1, 2021, participants must also complete a 1.5 hour in-person financial education session within two months of opening their account, and, for participants over 18 years old, participate in a credit coaching session within two months of opening their account.

A key benefit of the MMG program is the promise of matched savings. For youth 15-17 years old, deposits are matched 1:1 up to \$500 annually.²⁹ For youth 18-21 years old, deposits are matched 2:1 up to \$1000 annually.³⁰ Youth in the program are limited in how they can use the matched funds in the MMG accounts. Youth can request that CAAB issue a payment using matched funds for:

- Education: Tuition, textbooks, and school fees
- Apartment: rent or security deposit
- Vehicle expenses: purchase, expenses, insurance, taxes, and fees
- Start-up business pursuits (you must have a business bank account to use matched funds for small business & attend a meeting with a small business advisor to create a business plan)
- Healthcare, health insurance or other medical expenses³¹

Once a youth has opened an account through the MMG program, they receive monthly account balance statements by email. However, when youth change email addresses, the Project Manager has utilized text messaging to update youth on their account balances. It was noted that the bulk of contact that CAAB has with youth revolves around inquiries as to account balances. CAAB also offers financial literacy classes to participants but reports that these classes are not well attended. CFSA could do more to advertise this opportunity and to encourage or incentivize youth to participate.

Another important aspect of the program is that youth can keep their MMG accounts and continue to receive matched savings up to age 21, even if their case closes.³² However, youth must utilize matched funds prior to their 23rd birthday.³³ At this time, CAAB encourages

youth to use the matched savings for allowable expenses (e.g., rent or tuition). However, it is not clear what would happen to match savings if they are not utilized prior to the 23rd birthday. The updated handbook states that “[i]f funds are not used during the time the youth is eligible for the match, the match will be returned to the funders and the youth will only receive the amount they saved plus any interests earned since they made their first deposit.”³⁴

We recommend that youth who reach age 23 be able to withdraw their funds in full, along with the matched funds, without the oversight or limitations of the Agency or CAAB. This may be in the form of issuing a check to the former foster youth, or in converting their account into a traditional savings or checking account. Regardless, by age 23, the Agency should no longer have control over how the youth spends their money. Hopefully by that point the youth has absorbed the lessons of financial literacy offered by OYE programming. However, even if they have not, it is no longer the role of the Agency to make decisions about the youth’s best interest.

[Review of CFSA’s Financial Readiness Program](#)

Given that the Agency has acknowledged that MMG is the only programming offered to prepare youth for financial capability, the analysis of their efforts in the realm of financial literacy is rather straightforward. Per CFSA’s responses to FY19 Performance Oversight Questions, 121 youth were enrolled in the MMG program through the Office of Youth Empowerment.³⁵ This represents a 44% utilization rate.³⁶ Again, given that this is the only financial literacy program available to foster youth, and participation eligibility is limited to youth aged 15-21, a 44% utilization rate is concerning. This would indicate that very few children and youth in CFSA’s care are receiving any financial readiness preparation whatsoever.

Because the publicly available information on the MMG program is limited to a single page flyer published by OYE³⁷, it is difficult to determine what procedures or practices that CFSA has in place to support youth in participation. From our youth interviews, responses were mixed about whether and to what degree youth were aware of MMG. Some youth noted that they were aware of the program, but either chose not to be involved or faced barriers to participation.

Additionally, for those youth who do participate, the MMG program does not address all three building blocks of financial capability and engages only two of the five pathways to acquisition. From the CFPB report’s analysis of financial skills learned across developmental stages, starting financial literacy at 15 is too late. This draws into question the efficacy of the MMG program for youth who participate without first acquiring the building blocks that undergird financial capability. Without first investing in the foundational skills in early and middle childhood, the sort of financial literacy provided by MMG is likely unable to provide meaningful financial readiness for older youth in care.

Beyond the pedagogical weaknesses of the MMG program, our conversations with youth and practitioners indicated that there were several practical barriers that make the program unnecessarily cumbersome for youth. Namely, the process by which money is withdrawn from an account takes several days (up to two weeks) and leads to youth missing opportunities. While we understand a desire for accountability regarding how youth use the funds contributed to their accounts by the Agency, attaching so many strings to the use of their matched savings appears to do more harm than good.

For example, imagine a youth seeking to use their savings to buy a used car. The youth find a car posted online and reaches out to the owner to negotiate a sale price. Once the price has been agreed upon, the youth must then submit a request to withdraw the amount agreed upon. The request is considered by CAAB who then consults with CFSA. CFSA investigates and decides upon the purchase, then notifies CAAB. Only then can CAAB process the withdrawal and cut a check to the payee – the seller of the car. However, because this process takes several days, the seller has since found another buyer and sold the car. Now the youth must start their search all over again. Further, this delay or interruption in the youth's plan can cause tangible harm. Imagine a young person who makes scheduling commitments to a boss anticipating that they will have personal transportation. However, after the car purchase falls through, the youth miss several days of work and gets fired.

Per an interview with the MMG Project Manager from CAAB, emergency withdrawals are permitted for funds that were deposited by the youth (i.e., not matched savings). However, these withdrawals are subject to approval by the Project Manager and CFSA and may take up to 48 hours after both are approved. CAAB noted that they do not see this process as seeking permission for youth to use their own funds, but rather as an opportunity to counsel youth on the differences between wants and needs. Importantly, the Project Manager did not believe that these limitations on use of matched funds contributed to the low participation in the program. Instead, the Project Manager attributed low utilization to a larger distrust of the mainstream banking system by the community.

The Working Group's interviews of youth in care revealed a common refrain, namely that youth desired more information on how to save, budget, and manage their money earlier. In one interview, a youth noted that they struggled with the discipline to save money. Specifically, they cited examples of burning through money faster than it could be saved. When asked how CFSA could support them, the youth expressed a desire for help being more stable and learning to manage money. Further the youth noted that the only money they had saved was the \$300 in matched savings in an MMG account and that the only reason this money was saved was because they could not touch it. This speaks to the value of the limitation of uses for which youth may withdraw matched savings, but also highlights weaknesses in the financial literacy curriculum offered to youth who participate in the program. Unprompted, this youth noted that they saw it as a problem that education, vocation, and finance topics were not addressed until foster youth are close to aging out of care. This lived experience is consistent

with the CFPB's findings that financial capabilities are built upon foundational skills that must be supported in early and middle childhood as well as in adolescence.

In addition to interviewing youth about their experiences with the MMG program, the Working Group conducted a survey of eight (8)³⁸ resource parents.³⁹ Responses to this survey indicated that only three of the surveyed resource parents knew about the MMG program and less than 20% of the foster youth placed with the survey parents had ever, to their knowledge, been enrolled in the program.⁴⁰ Furthermore, of these 31 youth, only one took full advantage of the program by making regular deposits to maximize the matched savings. Our primary takeaway from these results was that resource parents are largely not aware of the MMG program and, thus, cannot provide support or encouragement to the youth in their care to take advantage of this opportunity.

Recommendations to Improve Financial Readiness Programming

In developing recommendations for financial readiness programming, the Working Group first acknowledges that CFSA is responsible for youth of all ages and that no one program will be right for all children and youth in CFSA's custody. As such, the Working Group presents an overarching recommendation that the Agency expand their efforts to prepare youth for financial capability in adulthood. The Working Group finds that MMG is a program that offers excellent advantages and opportunities to the youth who participate, but it is not sufficient to stand alone as CFSA's sole financial readiness programming. Hence, the below recommendations represent a menu of options from which CFSA could expand their offerings in support of financial readiness in foster youth.

Based on our research, the Older Youth Services Working Group recommends that CFSA:

1. Provide regular, accessible opportunities for all youth to engage in financial literacy curriculum – rather than just the single orientation provided as part of the MMG program.
 - a. CFSA could use the Consumer Financial Protection Bureau's research and resources discussed above to develop this training or collaborate with CAAB to adapt their community trainings to the needs of youth.
 - b. This curriculum should be available to youth whose cases are managed by CFSA, as well and any contracting agency including, but not limited to, the National Center for Children and Families (NCCF), Lutheran Social Services (LSS), the Latin American Youth Center (LAYC), and Children's Choice.

- c. All financial readiness programming implemented by CFSA, however, should be developmentally appropriate and meet children and youth where they are.
- 2. Provide financial literacy curriculum to resource parents so that they can serve as positive financial role models and contribute to the financial socialization of youth in their care.
 - a. Provide training sessions for resource parents that teach them how to instill financial capability in youth.
 - b. CFSA could use the Consumer Financial Protection Bureau's research and resources to develop this training or collaborate with CAAB to adapt their community trainings to the needs of resource parents and the youth in their care.
 - c. Provide training to resource parents regarding the CAAB/MMG programming available to older youth.
 - d. Link resource parents to the financial literacy courses regularly offered by CAAB.
 - e. CFSA could incorporate financial readiness programming into the discussions and planning that happen when a youth begins to receive an allowance. The social worker could encourage foster parents and youth to develop an agreement that a certain portion of their monthly allowance will be deposited directly into a savings or MMG account to demonstrate the importance of developing savings habits.
- 3. Increase supports to older youth to increase enrollment and participation in the MMG program.
 - a. All social workers who manage the cases of youth committed to DC should be familiar with the MMG program, requirements, and how to enroll youth on their caseloads.
 - b. Social workers should proactively help youth access the vital documents necessary to open an account and increase their follow-up with youth who express interest in the program.
- 4. Improve MMG policies, technical infrastructure, and procedures.
 - a. CFSA and CAAB should develop a protocol and procedures that are realistically workable for youth.
 - i. Purchasing a used car with MMG funds, for example, is not possible with a two-week delay. Perhaps the youth could consult with their social worker, project manager, and CAAB

representative about the desire and plans to purchase a used car. This would be an opportunity to offer guidance, discuss reputable sellers, educate regarding legal requirements (transferring title, etc.), and clarify the eligibility and amount available for this purchase. Then, the youth could schedule a day to purchase the car in which someone at CAAB is on standby to write a check or transfer the money electronically to the seller.

- b. MMG's technical infrastructure should be improved to mirror the experience with a typical bank and thus prepare the youth for future transactions.
 - i. The currently available information on the internet is broad and the handbook is frequently out of date. The procedure to request the withdrawal is clunky and difficult for youth to implement.
 - ii. A website should make it possible for youth and resource parents to verify up-to-date procedural information (e.g., how to withdraw money, which purchases are eligible for using matched funds, program rules, who the current CAAB contact for MMG is and how to reach them).
 - iii. A participant should be able to use their phone to verify a desired purchase is eligible for using matched funds, request the withdrawal, and have a clear timeline for when the payment will be approved or denied.
 - iv. A participant should be able to log in to a website or app and easily check their balance (with clear delineation of the amount the youth deposited and the amount that will be matched).
5. Ensure that youth for whom CFSA receives SSI payments understand how and when they can request to become their own payee. Youth should also know the amount they will receive and any restrictions/conditions that apply.

VOCATIONAL PROGRAMMING EVALUATION

As discussed above, financial stability is key to obtaining and sustaining housing, reducing stress, and decreasing reliance on government agencies and the families from which youth were removed. To support themselves financially, youth ought to exit care equipped to earn and manage income. To earn sufficient income to support themselves, youth ought to be employed or poised to be employed on a full-time basis. This is more likely to be true for youth who achieve their high school diploma, education beyond the diploma, or vocational training.

Adults who have achieved a high school diploma reported median weekly earnings of \$781, while their peers without a diploma reported a median weekly earnings of \$619.⁴¹ Those with a diploma reported a 9% unemployment rate as opposed to the 11.7% unemployment rate for those without the diploma.⁴² Earning a high school diploma is a necessary requirement to being accepted at a college or university, and adults with a college degree reported median weekly earnings of \$1305 and an unemployment rate of 5.5%.⁴³ As such, CFSA should aim for every youth in care to obtain their diploma and have programming targeting individual barriers accordingly. The Working Group hopes to address the educational research questions and relevant CFSA programming in a future report.

Vocational training can similarly promote financial independence by providing the training necessary to be hired in fields with higher pay. The most recent Survey of Income and Program Participation found that median monthly earnings for someone with a professional certification or license only was \$4,167 compared to \$3,110 for someone without any alternative credential.⁴⁴ CFSA reported that 35 youth were enrolled in a vocational or certificate program in FY 2018 and 18 were enrolled in FY 2019. CFSA reported that 21 youth in care completed a vocational or certificate program in FY 2018 and 9 completed a vocational or certificate program in FY 2019.

Vocational Programming: YVLifeSet

In April 2019, CFSA replaced their Career Pathways Unit with the YVLifeSet Program.⁴⁵ YVLifeSet now serves as OYE's primary vocational and life skills service delivery model. The program provides intensive one-on-one supports to help youth achieve individualized goals. According to CFSA's most recent Needs Assessment:

"YVLifeSet specialists meet with participants at least once a week and are readily available to help the youth. The goal is to have highly individualized services in the youth's natural environment, including the home, place of employment, and community. The unit consists of one supervisor and four specialists.

"The program has key program indicators, tracking positive outcomes monthly in the following areas: Education, Employment, Reduction in legal involvement, length of time in the program, housing stability, and staff caseload. Participants also work on developing positive coping and healthy emotional regulation skills. Review of data also show an average program participation rate of 31 youth, and average caseload of eight, and an average length of stay in the program of 214 days. The YVLifeSet Unit has a capacity to serve 32 youth at a given time. Youth typically participate in the program for 6-12 months, based on their needs. Between April 2019 and March 31, 2020, the YVLifeSet program has served 54 youth."⁴⁶

CFSA has provided the below data regarding youth discharged from the YVLifeSet program in FY19 and the first quarter of FY20.⁴⁷ It is unclear whether “discharged youth” represents all youth that are connected to YVLifeSet or only those who completed the program.

Measure	FY19: 10 discharged youth	FY20: 33 discharged youth
Education advancement	75%	88%
Obtained employment	23%	37%
Reduction in legal involvement	92%	100%
Length of time in program	100 days on average	240 days on average
Housing stability upon discharge	100%	87%
Staff caseloads	6 youth per staff on average	7.5 youth per staff on average

Source: OYE manual data

Finally, the Agency reports that, as of the start of FY 2021, the YVLifeSet program had no waiting list which indicated to them that the program meets the identified need.⁴⁸

Other Vocational Programming

When asked in May 2020 what designated staff, programming, or assistance is available to foster youth who wish to identify and enroll in a vocational training program, but do not wish to (or are not eligible for/otherwise able to) enroll in YVLifeSet, CFSA reported that the vocational specialists did this prior to 2019 and then provided information about YVLifeSet. When asked the same question in July 2021, CFSA reported that:

“Youth who pursue vocational programming are connected to an OYE Educational Specialist, to ensure that they have that one-on-one guidance and ongoing support while completing their program. This guided assistance will include support with program preparation (i.e., resume building and soft skill training) program enrollment, financial assistance with Education and Training Voucher (ETV) funding, as well as regular monitoring and check-ins throughout the duration of the vocational program. Consistent monitoring with an Education Specialist helps ensure youth are on track for program completion and provides extra support for addressing any challenges that may arise... Check-ins between the youth and assigned education specialist may be made in the form of in-person meetings, calls, text messages and emails. The education specialist works to promote and support the youth’s career exposure, exploration and development and their successful completion of the vocational program.”

When asked in July 2021 what companies, organizations, or trades CFSA currently has relationships with to provide vocational training for foster youth, CFSA responded:

“CFSA partners with public and private organizations, to include the DC Department of Employment Services (DOES), in connection with vocational training programs for youth in care. CFSA also partners with various community organizations for vocational training programs, including but not limited to the following: Bennett Cosmetology, Hair Academy, Goodwill Security, VMT Education Center DC, Youth Build Public Charter School, and RCM of Washington.

“CFSA continues to reinforce the importance of any variety of career and vocational paths for youth. Given such, youth have the option to present the vocational trade or training opportunity in which they are interested and OYE will work closely with them to explore this option and get them registered/enrolled. CFSA further partners with the University of the District of Columbia (UDC) to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA partners with local businesses to provide paid career-path internships during the summer months.”

When asked (also in July 2021) what that relationship looks like (e.g., is there a designated Rehabilitation Services Administration worker to be a point of contact for OYE, does a particular OYE staff person maintain contacts at certain vocational institutes?), CFSA responded that:

“OYE engages in the ongoing inquiry and outreach for youth who are interested in a vocational, technical, or educational path. OYE through the Resource Development Specialist connect youth to internships, vocational training, and employment in the youth’s field of interest. The Resource Development Specialist maintains relationships with existing organizations and works to create new relationships and opportunities for the youth. Staff also team around working with the youth and various programs, as youth may participate in a program where there is a pre-established relationship with CFSA, or they may have a different interest which will be explored thus creating a new connection.”

Over the past two years of researching this report, and through conversations with OYE staff, youth, and resource parents, the Working Group had not previously heard mention of Resource Development Specialists or Educational Specialists being involved in assisting youth with vocational training, so this appears to be a new development. The information from CFSA lacks the specificity required to evaluate its effectiveness.

Review of CFSA's YVLifeSet Program

Overall, the YVLifeSet model comes well recommended by researchers who have evaluated its ability to improve outcomes for older youth preparing to age out of foster care.⁴⁹ An independent review of the YVLifeSet model found that the program “boosted earnings, increased housing stability and economic well-being, and improved some of the primary outcomes related to health and safety.”⁵⁰ Overall, they found, when YVLifeSet is implemented with fidelity to the program model,⁵¹ that “the Transitional Living program was better able to improve outcomes related to immediate needs—such as housing, food, clothing, and avoiding violent relationships—than less immediate outcomes, such as education attainment.”⁵² Importantly, researchers noted that the limited time frame (two years) of their evaluation meant that data are not yet available to assess the long-term impacts of YVLifeSet for youth who complete the program.⁵³

While research shows the potential of the YVLifeSet model, the specifics of the program as implemented by CFSA were difficult to come by. There is little easily accessible information about YVLifeSet on the Agency's website or in responses to oversight questions from the DC Council. The metrics by which CFSA reports their outcome data are not defined. For example, is a youth considered to have “obtained employment” if they have been hired but never manage to start? Or if the employment is terminated within a week? What is considered “educational advancement?” Maintaining enrollment or moving from high school to higher education? What does “housing stability upon discharge” mean? Does this mean that a youth is in in the same foster home for more than a certain number of days, weeks, or months? It should be noted that, according to the Agency's FY 2020 Needs Assessment, Youth Villages conducted a six-month review of CFSA's YVLifeSet program [... and] found that “within CFSA, the YVLifeSet program has maintained high fidelity to the evidence-based model.”⁵⁴ Additionally, the Agency reports that “[v]oluntary youth surveys show that youth feel heard, respected and productive as participants in the program.”⁵⁵

These preliminary reviews are encouraging. By implementing the program with fidelity, CFSA improves the likelihood that youth will experience the positive outcomes associated with the model. However, beyond the youth survey responses and the table noted above, there are few data to demonstrate outcomes for youth who have participated in YVLifeSet since its adoption by CFSA. This may be a consequence of the program being a rather new addition to OYE's menu of offerings. YVLifeSet was in operation for less than a year prior to the onset of the COVID-19 public health emergency, which – as of the time of this writing - is still ongoing. We hope that OYE will soon provide updated information regarding outcomes for youth who have completed participation with YVLifeSet.

As for the youth who do not participate in YVLifeSet, either because they are deemed not to meet the eligibility criteria, because there is no capacity within the program when a youth needs assistance, or because the youth is not interested in this model of services,

questions remain. The Working Group was pleased to learn that there is now designated staff, Educational Specialists and Resource Development specialists, to provide individual youth with the outreach, information, and support they require to identify, apply to, enroll in, and complete vocational training programs. As such, the Working Group was left with the following outstanding questions:

- Who is advising these youth, social workers, and resource parents about what vocational opportunities exist and how to finance these opportunities?
- What does it mean that CFSA has a relationship with a specific vocational training program?
- Who works with youth who successfully complete a YVLifeSet term but have further goals they need assistance in achieving?

Recommended Improvements to Vocational Programming

Since the suspension of the Career Pathways unit, OYE currently offers no full programming to support youth interested in vocational training who do not meet the criteria for or are not interested in YVLifeSet. OYE reports that Educational Specialists will support youth in identifying and applying to vocational programs, but it does not appear that this is clearly and widely communicated to youth, resource parents, or social workers. The youth served by OYE have varying abilities, interests, and relational styles. As such, the Older Youth Services Working Group recommends that CFSA's Office of Youth Empowerment:

1. Develop and implement programming designed to ensure that youth, social workers, and resource parents are aware of the vocational training opportunities available. This programming should include:
 - a. Support in securing admission and funding to participate in these training opportunities
 - b. Monitoring and support as youth work to complete the programs.
 - c. Creation of a specialist role devoted to identifying vocational programs, developing relationships with contacts at these programs, and ensuring that youth, families, and social workers are aware of and supported while exploring these programs.
2. Report publicly, at regular intervals, with clearly defined metrics, the outcomes for youth in the YVLifeSet Program – including those who leave the program prior to completion.

ADDITIONAL RECOMMENDATIONS & OUTSTANDING QUESTIONS

After reviewing the current programming for older youth offered through the Office of Youth Engagement, the Working Group has concluded that OYE lacks a clearly defined mission or vision for older youth in care for whom reunification or adoption is unlikely. Without a clear goal in mind for youth headed toward emancipation, it becomes increasingly difficult to determine if and to what degree any program or service furthers the mission of the office with respect to outcomes for this group of young people.

1. Develop a clear mission statement for older youth in care, specifically those for whom emancipation is the most likely path to exit from care. This mission statement ought to include a culturally responsive definition of “success” on the part of the Agency in preparing youth for independence.
2. Develop a strategic plan for older youth programming that includes, among other things, a tool for measuring the success of programming offered to older youth in helping them reach their goals prior to emancipation.
3. Create a comprehensive guide or policy manual on programming available to older youth in care which includes eligibility requirements for each resource. This guide should be publicly available and regularly updated.

During any research and analysis, inevitably new questions arise. As a result of the current public health crisis and the limitations of our research timeline, we have a number of questions that have been left unanswered. We believe that the following question ought to be given further consideration in future oversight:

1. What programming exists to educate youth and resource parents about how to research, select, and apply for college/university? How to finance higher education without incurring unreasonable debt?
2. What programming exists to support youth attending college/university to completion?
3. How do educational achievement outcomes compare for youth linked to an Educational Specialist as opposed to youth not linked?

CONCLUSION

In summary, the overall mission of CFSA focuses heavily on the prevention of abuse and neglect by supporting families before family separation becomes necessary. This admirable, forward-looking goal makes sense for the agency. However, by definition, it overlooks the needs and goals of youth already in care – especially those older youth for whom reunification or adoption is unlikely. For the Agency to ensure that their work is contributing to the success of

older youth, they must regularly examine progress toward their goals and be accountable for their results through transparent, public reporting.

ENDNOTES

¹ See DC Code § 4-1303.51

² 42 U.S.C.A. § 5106a (c)

³ DC Code § 4-1303.51(b)

⁴ Further information about the CRP can be found on its website at www.dc-crp.org.

⁵ DC Code § 4-1303.52(b)(1)-(2)

⁶ DC Code § 4-1303.52(c)

⁷ See Child Trends, “Transition-Age Youth in Foster Care in the District of Columbia,” *available at*: <https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth-District-of-Columbia.pdf> (citing data from the federal Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Youth in Transition Database (NYTD)).

⁸ See, e.g., Kristin Sepulveda & Sarah Catherine Williams, Child Trends, “Older youth in foster care need support to make a successful transition to adulthood,” (May 7, 2019), *available at*: <https://www.childtrends.org/blog/olderyouth-in-foster-care-need-support-to-make-a-successful-transition-to-adulthood>

⁹ Annie E. Casey Foundation, “Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions,” at 2 (2018), *available at* <https://www.aecf.org/resources/fostering-youth-transitions/>

¹⁰ <https://cfsa.dc.gov/page/office-youth-empowerment>

¹¹ Annie E. Casey Foundation, “2018 District of Columbia Profile: Transition-Age Youth in Foster Care,” at 3 (2018), *available at* <https://www.aecf.org/m/resourcedoc/districtofcolumbia-fosteringyouthtransitions-2018.pdf> ¹² See Brenda Donald, Child and Family Services Agency, “Performance Oversight Hearing Fiscal Year 2020-2021: Responses to Hearing Questions,” at 117 (February 119, 2021), *available at*:

https://dccouncil.us/wpcontent/uploads/2021/03/FY20-21_CFSA_POH_PreHearing_Responses_FINAL2.pdf

¹³ *Id.*

¹⁴ See generally Consumer Financial Protection Bureau, “Building blocks to help youth achieve financial capability: A new model and recommendations” (Sept. 2016) *available at*

https://files.consumerfinance.gov/f/documents/092016_cfpb_BuildingBlocksReport_ModelAndRecommendations_web.pdf

¹⁵ *Id.*, at 7 (citing U.S. Department of the Treasury, “Charter of the President’s Advisory Council on Financial Capability,” (2010) *available at* treasury.gov/resource-center/financialeducation/Documents/PACFC%202010%20Amended%20Charter.pdf.

¹⁶ *Id.*, at 7.

The report further notes that “rules of thumb” are defined as “go-to” responses we have to particular environmental cues that simplify the decision-making process and yield a reliably “good enough” solution. Also called cognitive heuristics, rules of thumb are mental shortcuts we use to quickly make decisions or resolve challenges when we have limited information. *Id.*, at 7, n. 6.

¹⁷ *Id.*, at 9.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*, at 10.

²¹ *Id.*, at 11. ²² *Id.*, at 15.

²³ See e.g., Annie E. Casey Foundation, “Future Savings: The Economic Potential of Successful Transitions From Foster Care to Adulthood,” at 9 (2019), available at <https://www.aecf.org/resources/future-savings/> ²⁴ See e.g., *id.*, at 8.

²⁵ *Id.*, at 14.

²⁶ See <https://www.caab.org/en/who-we-are>

²⁷ Office of Youth Empowerment, “Making Money Grow,” available at https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/service_content/attachments/OYE%20Making%20Money%20Grow.pdf

²⁸ *Id.*

²⁹ *Id.* ³⁰ *Id.*

³¹ MMG Saver’s Handbook (updated 07/01/2021), page 2. Included in Appendix 2

³² *Id.* ³³ *Id.*

³⁴ MMG Saver’s Handbook (updated 07/01/2021), page 3. Included in Appendix 2

³⁵ Brenda Donald, Child and Family Services Agency, “Performance Oversight Hearing Fiscal Year 2019-2020: Responses to Hearing Questions,” at 174 (January 31, 2020), available at <https://dccouncil.us/wpcontent/uploads/2020/02/cfsa20.pdf>

³⁶ See *id.*, at 174-75. This utilization rate was calculated by dividing the number of youth reportedly enrolled in MMG during FY19 (121) by the total number of youth aged 15-21 in CFSA care during the same time period (273). Both numbers were drawn from CFSA Oversight responses.

³⁷ This flyer is available at:

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/service_content/attachments/OYE%20Making%20Money%20Grow.pdf. The Working Group did receive the MMG handbook, updated July 2021 (see Appendix II), but is not clear on whether this is publicly available.

³⁸ Six of the surveyed resource parents were licensed with CFSA and two were licensed with NCCF.

³⁹ See Appendix 1 for copy of survey.

⁴⁰ The surveyed resource parents have, cumulatively, fostered 31 children. Of those, only 5 had been enrolled in the MMG program. Reasons for lack of participation were not indicated in the survey. Further, it is unknown if those youth have participated in the MMG program since leaving the care of these resource parents.

⁴¹ U.S. Bureau of Labor Statistics, “Education Pays: Earnings and Unemployment Rates by Educational Attainment,” (2020), available at <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

⁴² *Id.* ⁴³ *Id.*

⁴⁴ Ewert, S. & Kominsky, R. (2014). Measuring Alternative Educational Credentials: 2012. Washington, DC: U.S. Census Bureau, available at <https://www.census.gov/prod/2014pubs/p70-138.pdf>

⁴⁵ Child and Family Services Agency, “FY 2020 Needs Assessment,” at 97, (October 1, 2020), available at https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY20_Needs_Assessment_FINAL.pdf

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.*, at 98.

⁴⁹ See Erin Jacobs Valentine, et al., MRDC, “Making Their Way: Summary on the Youth Villages Transitional Living Evaluation,” 6-12 (December 2018), *available at* https://www.mdrc.org/sites/default/files/Youth_Villages_Short_Report_2018_final_web.pdf

⁵⁰ *Id.*, at 7.

⁵¹ *Id.*, at 6.

⁵² *Id.*, at 2.

⁵³ *Id.*, at 7.

⁵⁴ “FY 2020 Needs Assessment,” *supra* note 45, at 97.

⁵⁵ *Id.*

APPENDIX 1: RESOURCE PARENT SURVEY



The DC Citizen Review Panel under the auspices of the Mayor and DC City Council is conducting a survey of Resource Parents of older youth in care of the Child and Family Services Agency. The purpose of this survey is to evaluate the effectiveness of the programs and services offered by the Office of Youth Empowerment; and to gauge the Resource Parent's understanding of these programs and services.

Participation in this survey is completely voluntary and confidential. No identifying information will be shared with CFSA, the Mayor's office or any member of the DC City Council.

Background

1. Which Agency are you licensed with?

 ___CFSA ___NCCF ___Other
2. How long have you been fostering Older Youths?
3. What age range do you typically house?
4. How many foster children have you had?
5. How many foster children are currently with you?
6. What age(s)?
7. Do you foster Boys, Girls, Teen Moms?
8. Have any of the youth placed with you resulted in your adopting them, or becoming Guardian?
9. Have any of the youth you fostered Aged-Out (no permanency achieved)?
10. Do you keep in touch with any past foster youths?

Life Skills

1. What Life Skills is the youth expected to know/learn while living with you?
2. Do you feel capable of teaching Life Skills to foster youth?
3. Do you teach foster youth to budget their money?
4. Do you help the youth to open a bank account?
5. Do you involve the youth in Menu Planning/Shopping Lists/Preparation of meals?

Education

1. Do you attend Parent/Teacher Conferences for foster youth?
2. Do you participate in IEP Meetings?
3. Are there consequences if the foster youth does not attend school?
4. Do you speak to the foster youth about career planning?

Services Available to Foster Youth

1. What support services have your foster youths utilized? (Therapy/Tutoring/Mentoring)
2. In general, is the Social Worker assigned to your youths the same from the time they are placed with you until they leave your home, or does the Social Worker change?
3. Are YOU familiar with services provided by Office of Youth Empowerment?
4. How many OYE programs can you name?
5. Do you encourage foster youth to be involved with OYE?
6. What services do you think need to be offered to prepare older youth that may not be available right now?

Services Used by Foster Youth

1. Do your older youth(s) know about the Making Money Grow program?
2. Are they Enrolled?

3. Do they regularly make deposits?
4. What is their Savings Goal? (How will they use the matching funds?)
5. Do your older youth(s) work with an Education Specialist at OYE?
6. Does OYE give advice regarding college/career options?
7. Do they participate in college tours with OYE?
8. Does OYE provide assistance in completing college applications/Financial Aid applications?
9. Does OYE provide follow up monitoring once enrolled in college?
10. Are Youth Transition Planning Meetings scheduled to make a plan for the youth to Age-Out?
11. Are housing options after they age out explained and understood?

Do you have any suggestions as to how CFSA can do a better job of helping you and/or helping the youth you care for?

Thank you for taking the time to participate in this survey

APPENDIX 2: MAKING MONEY GROW SAVER'S HANDBOOK



CFSA Matched Savings Program



MMG Saver's Handbook

Welcome to CFSA's Matched Savings Program. This Handbook is your reference guide for Program rules and requirements.

MMG Program Contact:

1100 15TH Street, N.W., 4TH
Washington, D.C. 20005
(202) 419-1440
E-Mail: CFSA@CAAB.ORG

MMG Program Manager:

LaToya Cromwell
(202) 960 – 9437
E-Mail: lcromwell@caab.org

* CAAB and/or OYE Staff reserves the right to change or update this handbook when necessary

Updated 07.01.21

MATCHED SAVINGS PROGRAM OVERVIEW

How much can I earn in matching funds?

The annual maximum that any individual can *earn* in CFSA matching funds is:

- Up to \$500 maximum per year (15 to 17 years)
- Up to \$2,000 maximum per year (18 to 21 years)

***The match resets on the participants' birthdate**

In other words, for an approved purchase you will get the money you save AND the matching funds:

- \$1,000 total (the \$500 you save and the \$500 you earn) for ages 15 to 17 years)
- \$3,000 total (the \$1,000 you save and the \$2,000 you earn) for ages 18 to 21 years)

Anything you save beyond the savings goal will still be yours, **but will not be matched.**

How long can I save in my Matched Savings Account?

All savers have until the **age of 21 to earn matched funds**, and until the **age of 23 to use** the funds toward an allowable use. **You must consistently save in your account for at least 6 months and have completed the following requirements:**

- Program Orientation
- 1.5 Hour In-person Financial Education Session
- Credit Coaching Session (participants over 18 years of age)

Regardless of your savings goal, **all requirements must be met before you can make a withdrawal for an allowable use.**

What can I use my savings for?

The matched funds can only be used for the intended asset purchases below.

Examples of what you **CAN** use your money for:

- **Education/Trade School**- tuition, textbooks and school fees

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- **Apartment**- Rent or Security Deposit
- **Vehicle** – purchase (from an individual or dealer) or expenses, insurance, taxes o *Private sellers must provide a bill of sale
- **Small business** - you must have a business bank account to use matched funds for small business & attend meet with a small business advisor to create a business plan
- **Health/Dental Expenses**- health insurance, dental insurance

If you are unsure if a purchase qualifies, call your CAAB Program Manager. Examples of what you **CANNOT** use this account for:

- Paying off student loans
- Gas money to get to school
- Grocery money
- Traffic tickets or fines
- Clothes
- Telephone Bill
- Debt Collection

How do I make a purchase?

Follow these two easy steps to make a purchase:

1. Contact the Matched Savings Make Money Grow program by email at: CFSA@caab.org to request the withdrawal form. The program manager will process the form and request an approval from CFSA to issue the check. Remember that the request can take up to 14 business days to process.
2. E-mail, Fax, mail, or hand-deliver the Withdraw Request Form and required documents to CFSA@caab.org, Fax to (202) 419-1447, or at our location: 1100 15th Street, N.W., 4th floor, Washington, D.C. 20005

CAAB will then combine a portion of what you have saved with the matching funds you earned to issue a check to the vendor. Check are never written to you directly unless you are planning to leave the Program.

(A vendor is the person or business from whom you are purchasing your asset. This could be your book store, your school's admissions office, or a landlord.)

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****Please note, when funds are released for a purchase, it will be disbursed on a 1:2 ratio for ages 18 years or older and 1:1 ratio for ages 15 – 17 years old.**

****If funds are not used during the time the youth is eligible for the match, the match will be returned to the funders and the youth will only receive the amount they saved plus any interests earned since they made their first deposit.**

Bank Account Information

It is important for you to know that your Matched Savings Account is called an **escrow account** at Citibank and is opened in your name and CAAB's name. This means that permission from both you and CAAB is required to withdraw money from the account when you reach your savings goal, or **at any time** while you are saving.

How do I make a deposit into my CFSA Matched Savings Account?

You have multiple options for making deposits to your account, some of these options are:

Option 1: You may arrange to have your monthly deposits made by **direct deposit** from your paycheck (if you are working) into your account. This is a great option, because it saves you time, eliminates trips to the bank, and ensures that deposits are made automatically each month. Be sure to ask your employer if direct deposit is an option.

Option 2: You can make deposits at any Citibank branch office. **Be sure to bring your account number with you when you go to the bank.** Informing the bank teller that you

account is an **escrow account** will help in locating the account. A list of Citibank locations is online at www.citibank.com.

***Clients should allow up to two weeks for the receipt and processing of the check if mailing.**

How often do I make deposits?

The first deposit must be made within **30 days** of your account being opened. Any deposits made after that can be made any day during the month. You must continue to make consistent deposits for the next **6 months** to be eligible for a matched payout. **Please be mindful that deposits made at the end of the month and fall on a weekend may not be posted until the following work week and may give the appearance of a missed deposit.**

How much are the deposits?

There is no minimum dollar amount on how much you must deposit in your account in each month. So, money received from scholarships or gifts can be deposited into your account to reach your savings goal faster. **Remember**, Citibank charges a small service fee for any deposit made for \$100 or more (approximately \$0.30).

Missed Deposits

Failure to make to make you initial deposit within 30 days of your account being opened Citibank will cause your account to close.

Monthly Statements

You will be able to access your account via your online portal:

<https://www.vistashare.com/p/CAAB/cfsa-making-money-grow-program/login/>

CAAB can send you an account statement via email when requested showing deposits you made to your Matched Savings account, interest earned, and matching dollars earned to date. **(Note: The matching dollars are held in a separate account until you are ready to make an approved purchase.)**

Required Coaching

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Savers are required to attend a one-on-one credit coaching session with a Financial Education Coaching Specialist at Capital Area Asset Builders (CAAB). **(Note: The required coaching needs to be scheduled within two months of your application.)**

Required Financial Education Session

Savers are required to attend one in-person financial education session at OYE with a CAAB Financial Education Coach. **(Note: The required financial education needs to be scheduled within two months of your application.)**

Multiple Assets/Multiple Purchases

You may save for and purchase more than one asset throughout the CFSA Matched Savings Program—as long as you stay within the limits of the program (the match amount depends on age group). For example, college students sometimes save for college courses and apartment expenses at the same time.

Voluntary Leave

If for any reason you choose to exit the program you may do so at any time. Savers will be entitled to receive their unused savings plus accrued interest, **without the match**. Savers must complete a Voluntary Leave Form and submit it to CAAB. Voluntary leave withdrawals will require **5 – 7 business days to process**. Savers who have taken a Voluntary Leave may reapply to the program again at a later date, if they meet all eligibility requirements.

Emergency Withdrawal

You must contact the Matched Savings Department at CFSA@caab.org to request an Emergency Withdrawal Form. Complete the form and submit to CFSA, (CFSA@caab.org) along with a detailed explanation of your circumstances. If approved by CFSA, allow **48 hours to process**. Emergency withdrawals are only granted on a case by case basis.

Confidentiality

All applications, bank statements, documents and other files related to your Matched Savings account will be kept confidential by CFSA, OYE, CAAB and its partner agencies. Your personal information will not be shared with anyone who is not affiliated with the CFSA Matched Savings Program unless you give consent. Many times, members of a participant's case team would like to

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Updated 07.01.21

check the status of your account. You can sign a release of information for at the end of this handbook to give access to your case team.

Non-Discrimination Policy

No person shall, on the grounds of race, gender, age, creed, ethnic origin, disability, or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in the CFSA Matched Savings program.

Death of Saver (Beneficiary Information)

The Savers Agreement that you signed indicated a Beneficiary Name, Address, Phone Number, and Email Address in case of your death. This is the individual who will receive the funds that you have saved in your escrow account. In the event of your death the Account will be processed as followed:

- The deceased account holder's savings (without match) will be issued to the beneficiary in the form of a check and the account will be closed.

Program Termination

Failure to adhere to the rules of the program or misusing any program funds could result in your termination from the program.

Incomplete Applications & Withdrawal Requests

Incomplete applications and withdrawal requests will be return within 5 - 7 business. In order to ensure requests are process, please make sure all documents are complete.

Account Reopening*

If your first account is closed for failure to make the initial or subsequent deposits, you will need a **\$25 money order** to reopen your account. The steps are as follows:

1. Obtain a money order for \$25 or more
2. Write your name as the payee
3. Submit the money order along with a 1) new application and 2) W-9 form for your new account

If the second account is closed, we will be unable to reopen your account again.

*All other program eligibility and requirements will still apply.

Thank you for being a part of the Matched Savings Program.

HANDBOOK ACKNOWLEDGEMENT



I,____, have completed the program orientation and received a copy the CFSA Matched Savings Account Handbook. Furthermore, I am aware of the program requirements, guidelines, and eligibility.

CAAB Staff Signature

CAAB CAPITAL
AREA
ASSET
BUILDERS

Saver's Signature

Date

Date

PERMISSION TO RELEASE INFORMATION

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Capital Area Asset Builders (CAAB) may use this release to request information from other organizations or individuals and release information to other organizations or individuals.

Participant Name: _____

Date of Birth: _____

Address: _____

I give CAAB, its officers, agents and its employees permission to release/disclose the following information:

Match savings account information to include, but not limited to: balance, account number, monthly statements.

Other: _____

-----BETWEEN-----

Capital Area Asset Builders (CAAB)

Program: _____

Address: 1100 15 Street, N.W., Suite 121

Washington, D.C. 20005

Telephone: (202) 419-1440

Fax: (202) 419-1447

-----AND-----

Name of Organization or Individual: _____

Address: _____

Telephone Number: _____

Email: _____

Fax: _____

I understand that I may revoke this consent at any time, in writing.

Signature: _____

Date: _____

Witness Print: _____

Witness Signature: _____

Date: _____

1100 H Street NW, Suite 200 Washington, DC 20005

PHONE 202-419-1440 FAX 202-419-1447 EMAIL info@caab.org WEB www.caab.org

Testimony of
Ashanti Paylor
Young Professional

**Child and Family Services Agency's Responses
Performance Oversight Hearing FY 21/22 (First Quarter)**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON
COMMITTEE ON HUMAN SERVICES**

Thursday, February 17, 2022
Room 123, John A. Wilson Building
1350 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Good morning, Chairman Nadeau and the members of The District Council Committee on Human Services. My name is Ashanti Paylor. I am a 19-year-old mother of active twins aged 12 months. I came into foster care at age 6. I've lived in foster homes and group homes to include Sasha Bruce and Caitlin Place. I've had a good experience in the homes I've lived in.

I now reside with my twin daughters at Mary Elizabeth Ministries teen mom program in my own two-bedroom apartment. I graduated with the class of 2020 from HD Woodson high school. During the summer of 2020 I realized I was pregnant with my twin girls. I continued to move forward with my professional dreams and enrolled at Prospect College in October 2020. I successfully graduated from Prospect College in September 2021 with a certification in Medical Assistant.

My Social Worker, Ms. Samantha Stanley, connected me to The Office of Youth Empowerment LifeSet program. The LifeSet program is assisting me with increasing my professional development skills to maintain long-term employment in the medical field. I currently work as a Certified Medical Assistant conducting Covid Testing at DC Central Jail. I feel I have a supportive team that includes my LifeSet Specialist, my GAL Sharon Taylor Smith, the Mary Elizabeth Ministries staff, and my Generations Unit Social Worker, Ms. Samantha Stanley. My team helps me navigate everything I need to successfully emancipate.

My Generations Unit Social Worker, Ms. Samantha Stanley, offers me connection in the community and helps me with navigating resources. Ms. Stanley was extremely supportive with assisting in providing Christmas gifts for my twins this past holiday season. I believe with the support of my team has assisted me with becoming a better parent to my twin daughters.

During my time in foster care, I have been in supportive placement setting. I am glad that I have the stability of having my own apartment and providing for myself and my twins. I attend my court hearings and Youth Transitional Planning meetings (YTP) so that I can learn my next steps as I move forward to emancipation.

It is my recommendation that CFSA continue to find supportive foster parents and supportive housing to youth in foster care. I encourage youth to use their voice to speak up on things they would like to see improved. Thank you for your time and concern around improving foster care.

Testimony of
Saliou Bah
Young Professional

**Child and Family Services Agency's Responses
Performance Oversight Hearing FY 21/22 (First Quarter)**

**COUNCILMEMBER BRIANNE K. NADEAU, CHAIRPERSON
COMMITTEE ON HUMAN SERVICES**

Thursday, February 17, 2022
Room 123, John A. Wilson Building
1350 Pennsylvania Ave., N.W.
Washington, D.C. 20004

Good morning, Chairman Nadeau and members of the District Council Committee on Human Services. Thank you for taking the time this morning to listen to my story and recommendations.

My name is Saliou Bah, and I am 19 years old. Before I came into foster care, the Unaccompanied Refugee Minor Program (URM) to be precise, I was a freshman in high school at the age of 17. I could barely speak English. I was lost. I was thinking it doesn't matter how much I was hungry for success, that I am destined to fail. I was alone with no support and no help. I believed that I'm unlucky in life and underprivileged. I was frustrated. I was hungry -- I mean, truly hungry for success. I wanted to be successful in life. I wanted to achieve great things in life. I was full of dreams, but I had no way to achieve them. I did not know where to start. I was so desperate.

I came into URM foster care on June 26, 2020. The D.C foster care system gave me an ocean of possibilities. I have achieved so many things while in foster care. I have completed my GED. I got my first job as a Technical Support agent for TurboTax. I learned the basics of how to file taxes. I learned the fundamentals of coding with JavaScript, and I did some backend work using Nodejs, using CRUD functionalities with MongoDB and Mongoose, building restful APIs, and many more. Although I learned a lot, I still have so many things to learn in the software development field.

Don't get me wrong, it's not all roses and easy to be in foster care. There are many challenges in foster care. Things are not perfect. There have been times when things are very difficult, where I feel like I don't belong, or I'm not getting the support I need. When things like this happen, it demotivates me to pursue my goals.

One of the difficult things in foster care is finding a permanent home to stay in. When I say permanent home, I mean a place to stay until you age out of foster care. I mean when you find a placement where you feel happy and cared about, soon something might happen and you find yourself moving to a new placement where you have to start all over again. Like, new school, new friends, etc. What I can recommend to this issue is creating independent living programs for people over 18 years old and helping youth be independent enough to live in those programs.

Another thing I want to recommend is to increase the funding for people who want to learn practical skills, like coding. Bootcamp programs are good at helping people learn the skills they need. You dedicate 3-6 months of your life to learning great skills that can help you get hired. There are great bootcamp programs for people who want to learn how to code. I think CFSA/OYE does have a fund for vocational programs, but my understanding is the funds are not enough to cover bootcamp programs, so I suggest considering increasing the funding, or if there is funding, educating youth more on the funding available and allowable for these specialized programs.

Although there are times that I might have been frustrated while in foster care, I do have an amazing team. My team works with me like homeostasis in Biology. "Homeostasis refers to any process that living things use to actively maintain fairly stable conditions necessary for survival" as defined by [scientificamerican.com](https://www.scientificamerican.com). My team helps me stay in optimal condition so I can focus on my future goals. There's a direct correlation between how well I'm performing in life and the amount of support I'm getting from my team. I was able to complete and get my GED within 5 weeks because I have an amazing team who care about me. My team is composed of a caring foster parent (Pamela Maxwell), A great lawyer (Bill), a helpful education specialist (Thon Chol), an amazing therapist (Dr. David Renshon), a social worker (Phillip William), and a CASA (Lisa Renstrom). They all work together to get me the support I need. As a result, I feel empowered, and it gives me confidence that I can achieve anything. One of my long-term goals is to be a software developer. With all the support I have, I'm confident I will

achieve great things in my life. None of the things I have accomplished so far wouldn't have been possible without my team. My team is very good at showing me my strengths and guiding me. There are many benefits to being in foster care. Foster care helped me understand that I'm destined for something great.

CFSA/OYE has many resources available to help youth succeed in life. Knowing what is available and taking advantage of it increased the positive experience and reduced frustration for me. A brief example of this is, I used to get frustrated because I did not know what to do when my social worker did not reply to my phone calls, but after reading The DC Bill of Rights for Children and Youth in Foster Care book from CFSA, I don't get frustrated anymore because I'm informed of what to do.

I would like to take this opportunity and share with my peers a few of the many resources OYE offers and helpful tips.

On a High-level OYE offers these programs:

- Education Support
- Career Support
- Transition Support

If you want to learn more about what OYE offers, attend their virtual power hour and meeting.

In addition to what OYE offers, these are my personal suggestions:

Advocate for yourself.

Taking the initiative of communicating clearly what your wants and needs are to your social worker or your Guardian Ad Litem is a game-changer. If your Ad Litem is anything like mine, they will go above and beyond to help.

Learn and keep learning!

Knowledge is a key component to success! Please, keep learning things that interest you or explore new things. If you don't know where to start, OYE has your back. They have programs that help youth with education. It does not matter which path you want to take, either college path or vocational path, they will have something that suits your decision and help you succeed.

Learn to invest!

One of the many exciting things I learned last year is to invest my money. If you have an income, invest a portion of it and your future-self will thank you. If you don't have income to invest, invest your time. For example, invest in learning a skill that will help you land your dream job or build your own business. If you don't know where to start, you guessed it right, OYE has your back. They have a Making Money Grow program that helps you learn to manage your money and save for the future.

Learn to self-discipline

Self-discipline is different than disciplined. For example, do your homework, not because you are being watched, but because you are deeply committed to succeed.

Briefly to conclude, foster care gave me an ocean of possibilities and oceans tend to have waves in them. CFSA/OYE and my team help me navigate the waves. I want to thank CFSA/OYE and my team for the excellent support they are providing and for giving me hope. Chairman Nadeau and members of the District Council Committee on Human Services, thank you again for allowing me to share my story and my recommendations.



*Where Community and
Family Come First*

**Far Southeast Family Strengthening Collaborative
2006 Martin Luther King Jr. Avenue SE
Washington, DC 20020
(202) 889-1425 Office**

**Testimony of Dionne Bussey-Reeder, Chief Executive Officer
Far Southeast Family Strengthening Collaborative**

before the

**Council of the District of Columbia
Committee on Human Services**

**Fiscal Year 2022 Performance Oversight Hearing regarding the
Child and Family Services Agency**

February 17, 2022

Good afternoon, Chairman Nadeau and members of the Committee.

I am Dionne Bussey-Reeder and I serve as the Chief Executive Officer for Far Southeast Family Strengthening Collaborative (FSFSC). Far Southeast Family Strengthening Collaborative is one of five collaboratives in the District of Columbia. I am here today to address this committee on behalf of Far Southeast, as well as my four other sister organizations in the Healthy Families, Thriving Communities Collaborative network: Collaborative Solutions for Communities, Georgia Avenue Family Support Collaborative, Edgewood Brookland Family Support Collaborative, and East River Family Strengthening Collaborative. Together, the five collaboratives work in tandem with the District's Child and Family Services Agency to provide a wide array of services for children, youth, young adults, single adults, seniors and families living in the District of Columbia. Examples of the work provided across our network include workforce development, parenting education and support, family stabilization, rapid rehousing and housing stabilization, a range of school-based programs, school truancy prevention, reentry support, youth violence prevention and intervention, and health and wellness for senior residents.

For over twenty-five years this collective has been dedicated to ensuring the safety, permanency and well-being of children, which is the ultimate goal of child welfare work. Through this collaboration, providing community-centered support, promoting safety, and protecting the rights of children and families are always the primary objectives.



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My testimony today will focus on two areas, the first being the strengths and success of this partnership between Child and Family Services Agency and its longstanding partners, the Collaboratives. I will conclude by detailing ways in which the Collaboratives, as partners, seek to grow with the District government to maintain and develop comprehensive place-based models.

I would be remiss if I did not take a moment to acknowledge former Director Brenda Donald who provided stability and a vision that helped to drive the Child and Family Services Agency out of federal receivership in partnership with the Collaborative network. I have no doubt that Director Matthews will continue to build upon the work and continue to prioritize quality services for the District's most vulnerable residents.

Over the past 25 years, the Collaboratives and our community partners have engaged in extensive capacity building work. The Collaboratives have been involved in this work to ensure that the children and families we serve have an opportunity to live safe, happy and productive lives in safe, stable and thriving communities. Since the inception of the Collaborative movement, we have served as "Community Convener" and we truly believe in what our founders call the *Community Helping System*, a way of working and supporting each other by building upon the strengths in our neighborhoods with the goal of the community being able to take care of itself because it has the skillset and resources to address emerging community concerns.

Additionally, we pioneered the utilization of the District's first outcome-based database system, Efforts to Outcomes (ETO), for child welfare service provision. Utilizing this system allows us to not only quantify our success, but to also tell a story and demonstrate our impact at the individual and community level. I say all of this to drive home the fact that collaboration is a guiding principle of our network structure to support families.

I hope that as I transition to my next point, I am painting a clear picture that collaboration and partnership have power and lasting impact. I would like to take a moment to dive further into the Collaboratives' collective vision for a more equitable partnership with Child and Family Services Agency. Collectively, CFSA and the Collaborative Network have developed and maintained a model that clearly demonstrates the ability of community providers to answer the call to prevent children and families from entering the child welfare system. It is our hope that as other child welfare institutions across the country seek out the District of Columbia as a resource to develop their model, the Collaborative partners are not left behind. In the same vein, we want to challenge our local government partners to improve their efforts in identifying and utilizing local



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experts who are already on the ground working to address the problems, before seeking solutions outside of the community. We have dedicated ourselves to being servant-leaders and innovators in place-based solutions for communities of challenge and are urging our government partners to recognize our role in this partnership as such.

Finally, I would like to conclude by sharing that in our work, supporting children and families in Ward 8, we see first-hand that children cannot be well without their families and the community system. Our experiences are backed by a body of evidence that shows that in most cases children do best when they remain with their own families and can access concrete services and supports that respond to their needs. Unfortunately for the Collaboratives, we are more often than not faced with financial barriers that challenge our organization's ability to provide life stabilizing, quality services. Specifically, our budgets are not created with inflation or increased cost of living in mind, consequentially our staff suffer. This places us in a challenging position to recruit and retain the talent needed to carry out this critical work. Further, our current budgets do not yield sufficient resources for competitive operational services that are essential to our infrastructure, thus threatening Collaborative stability.

We appreciate all that this committee and you have done, Chairman Nadaeu, to support the Collaboratives and I thank you for this opportunity to testify.

My name is Kevin McGilly. I was asked to testify about our experience as foster parents, and more specifically about our role as Lead Parents in the agency's BOND Program. I'm honored to be here and I appreciate the opportunity to testify before the committee.

My husband John Corea and I have both lived in the District of Columbia for over thirty years. We've owned a home in Bloomingdale in Ward 5 for the last 19 years. We were married in the Wilson Building on March 10, 2010, the day marriage equality finally came to the nation's capital. And in 2016, we applied to become CFSA foster parents. Being foster parents has made the last five years the most enriching, meaningful, fulfilling – and challenging – of our three decades as citizens of the District. As we often say, it's the hardest, best thing we have ever done.

Fostering and serving as BOND Lead Parents has connected us to, and involved us in, our community, our city, in so many ways, and more deeply, than any other experience I can think of could have done. It's amazing how much we've learned about our home, even though we have lived the majority of our lives – through the eyes and lives of our kids.

We wanted to have a parenting experience, and we decided to become foster parents in DC because there are kids – hundreds of kids – right here in our community who need a safe place to live while their families work toward reunification, or a permanent home and family if they cannot be reunited. Not surprisingly, in the licensing process, we learned that the greatest need is for homes for older youth and specialized populations including LGBT youth, young mothers, and medically fragile children. We decided to go where the need was and open ourselves to fostering an LGBT youth, hoping our own experiences would equip us to empathize and the capacity to meet their needs. We were matched with a 16 year old gay youth with a disability, and we were rewarded with a bond with a special and wonderful young man that lasts to this day. He is 20 now, living semi-independently in supportive housing. He attends the River Terrace Workforce Development Center, and he hopes to find a fun, rewarding job in the coming months.

We have a 15 year-old foster son now, placed with us while he and his young mom work through their challenges. He's in grade 9, he's off-the-charts intelligent and does exceptionally well academically - when he actually goes to school. We are patiently working with him on his behavioral, substance use, and other challenges. Like all kids in care, he has experienced major trauma, and like almost all kids in care, he was exposed to things and experiences too young, before he had the ability to understand them. Let me add that this has become an even more acute problem during the pandemic, with schools closed and the social contract in our city fraying. We have done our young people no favors in the last two years.

In 2020, we were approached by the agency to become BOND Lead Parents. BOND stands for Bridge, Organize, Nurture and Develop (a classic example of retrofitting a name to an acronym!). The BOND Program is a peer support and mentoring program that gathers 12 to 15 foster families in a "squad," led by an experienced foster parent. The BOND program replaced and consolidated two previous peer support programs, Mockingbird and Family Connections. The core idea is to build support networks among foster parents and foster families, to give foster families an experienced foster parent peer to lean on for advice and a shoulder to cry on, and to provide respite care. It's important that foster parents have someone to turn to and confide in who understands what they're going through but isn't an agency employee.

The respite element is very important and a primary reason I personally signed up to be a BOND Lead. Being a foster parent is very challenging. By definition, every kid in care has experienced neglect or abuse. Many have complex trauma histories. Being a foster parent is hard work. Foster parents need a break and should be entitled to one. And when they take a break, their kids need a safe home to go to. My husband and I were very grateful to our BOND Lead, Ms. Phyllis McKiever, for providing respite for our son on several occasions. We wanted to be there for other foster families as she was for us.

I would add that a respite program is more important than ever, because of the changing demographics of the CFSA foster parent population. The backbone of the DC foster care system has always been and is still an incredible group of long-serving foster parents, mostly women, many of whom have been foster parents for decades and have cared for dozens of children. Women like Ms. Catherine Foreman, who recently retired after 30 years as a foster parent, Ms. Bobby Edwards, and Ms. Valencia Harvey, who is my personal mentor and inspiration. Most of them have extensive family networks in the DMV that they can turn to for support, including respite. But there is a new generation of foster parents who, like my husband and me, moved here from somewhere else, and whose families and support networks aren't nearby. They need the BOND program.

The BOND Lead role is challenging. Trying to build a connection and community with up to 15 very different families is challenging. We're still learning and striving. But we are sure that this is an important feature of the foster care ecosystem and the BOND Program deserves the support of the committee and Council.

I hope this overview and my personal observations shed some light on value and importance of the program, and I would be happy to answer any questions you have about it.

Finally, I can't yield this platform without taking the opportunity to make a personal, public plea on behalf of the families in my BOND squad and all CFSA foster families for an immediate increase in the modest monthly stipend we receive to defray the cost of caring for our kids. Nobody in his or her right mind would ever become a foster parent for the money. But being a foster parent also should not be a financial hardship. And it should not become something only privileged members of our community can afford to do. And we need more foster parents in DC.

The monthly stipend – the “board rate” – was last adjusted in 2020. Meanwhile, as you well know, inflation is at a 40-year high. It's currently running at a 7.5% annualized rate. If anything, that headline number understates the true impact of inflation on DC foster family budgets. Parenting, it turns out, is just a synonym for driving. Foster parents drive a lot. According to the Bureau of Labor Statistics, gas is up 40% year over year. In our house, the only thing limiting demand for bacon is the supply. Bacon is up 21% in a year. Ground beef is up 18%. Eggs: 13%. Boys' clothing: 7%.¹ Milk is up 26% since 2018.² According to Moody's, inflation is costing the average household \$276 per month more than last year.³ That's 24% of the base board rate for foster care. Please increase it.

Thank you for listening.

¹ Bureau of Labor Statistics, <https://www.bls.gov/news.release/pdf/cpi.pdf>, Feb 11, 2022.

² “Think Milk is Expensive? Its Cost May Get Even Higher,” time.com, Nov 4, 2021.

³ “Higher Inflation is Probably Costing You \$276 a Month,” wsj.com, Feb 10, 2022.

**PERFORMANCE OVERSIGHT HEARING
CHILD AND FAMILY SERVICES AGENCY
COMMUNITY FAMILY LIFE SERVICES
DEIRDRE DUFFY
INTERIM DIRECTOR OF SUPPORTIVE SERVICES
FEBRUARY 17, 2022**

CFLS has been serving DC residents since 1969, and in 2015 we began targeting our services to support the needs of women who are returning home from prison or jail. CFLS offers services where women will have a safe space to thrive and heal. I'm sure you remember a time when entire communities invested in a woman's growth and development. That included the neighbor next door, the teacher who lived on the block, the principal of the school, the business owner on the corner, the elders who you respected and trusted, and the pastor at the local church. The community provided guidance, held you accountable and celebrated your milestones. CFLS works to replicate that community by offering a full one stop shop of services and supports. We provide parenting classes, employment assistance, case management, mental health talk therapy, housing for families and individuals, emergency services and so much more. We visit the DC women held in prisons in Philadelphia and West Virginia. We visit CTF and Fairview weekly to conduct release planning and provide training and workshops. We celebrate small wins and honor big successes. We also partners with various DC providers and are members of the DC Reentry Action Network, a community of providers putting their heads together to collectively address the issues facing DC's returning citizens.

Since 2013, we have been funded through Child and Family Services Agency (CFSA) to provide parenting group sessions and home visitation services to families in wards five through eight under the Community-Based Child Abuse Prevention (CBCAP). The CBCAP grant focused on creating community-based efforts to develop and enhance activities that prevent child abuse and neglect and the likelihood of such cases. With research telling us that poverty, incarceration and domestic violence has a negative impact on parenting and child development, our program reaches out to transitional housing sites, domestic violence shelters and have established more than 15 partnerships within the community. During our parenting group sessions, we use three evidence based programs, The Nurturing Parenting Skills for Families, Effective Black Parenting and The Storybook Interview Curriculum which have all proven to effectively treat and prevent the recurrence of child abuse and neglect.

Home visit, those two words used to strike fear in my heart as a child of a teenaged mother who sometimes struggled with being a parent while longing to hold on to being a carefree teenager. I'd always heard of home visits, but in my mind's eye they were conducted by counselors or truancy officers for students in crisis or worse to remove a child from their parent. It wasn't until my adulthood that I understood their

advantages. During the Pandemic CFLS continued our group sessions and provided individual home visit sessions virtually via Zoom and Microsoft Team, along with supplying devices and technical support to our clients. This has allowed CFLS to assist 155 parents and 463 children between March 2020 and January 2022. CFSA and CFLS understands one of the most important aspects of home visits is to provide individual and customized services to at risk and in need parents. We visit the client in their own environment and gain a perspective on each individual's circumstances and family's struggles. We identify their strengths and look at those protective factors that will support their growth moving forward. By building this system of individual support for the parents, they are able to share questions and concerns that they are hesitant to address during a group setting.

Lastly, I'll say, women who are involved in the criminal justice system and who have returned home from prison or jail and are reuniting with their children have a unique need and our services help her fill a deep void that was created during their incarceration. The number of incarcerated mothers have continue to increase over the years, and through our experience and research, we know that too often a mother returning from prison or jail cannot reunite with her children without housing or get housing without first having custody of her children: she cannot afford housing without employment; she cannot maintain employment without childcare; and she cannot adequately care for

herself and support her children without addressing her trauma. With pre-existing risk factors prior to entering the criminal justice system and the additional barriers they face in their journey to reunite with their children, it is essential to create ways to support mothers to successfully reconnect with their children, and to remedy the negative effects that mothers and children face as a result of their time apart. With funding via CFSA we are providing vital support for women who are working to build a stable foundation for themselves and their children.

CFLS is grateful for its partnership with CFSA. Without their support, we would be unable to know and understand the complex needs of this unique population of women.

April is the National Child Abuse Prevention Month and CFLS will be joining the CFSA subcommittee in an effort to raise awareness about the community-based work we do to prevent child abuse and neglect. There are too few programs that target women's reentry and its intersection with healthy parenting skills. The women we serve continue to tell us that the most difficult part of rebuilding, is the impact it has had on her parental relationship. Thank you and I will take any questions.

Testimony before the Committee on Human Services
Child and Family Services Agency Performance Oversight Hearing
February 17, 2022
Kymberly Holmes, Public Witness

Good morning, Chairperson Nadeau and members of the Committee. My name is Kymberly Holmes, and I am a resident of Ward 8 and a relative caregiver to my 8-year-old niece. I also am a proud member of the Community Board of DC KinCare Alliance, a nonprofit organization that advocates for relative caregivers like me who are caring for DC's most at-risk children when their parents cannot.

When I first applied for the DC Close Relative Caregiver in 2019, CFSA was helpful. A few times when I needed services, they assisted me with a ride through Lyft to their office and gave me a gift card to buy groceries. In 2020, CFSA included us in their holiday party and even gave my niece a present.

But, things changed in 2021. I used to communicate with a young woman who worked in CFSA's kinship office who would assist me. One day, though, I reached out to ask her for help with transportation and she never responded. It feels as though the people who used to help me through this program have disappeared. I am the sole caretaker of my young niece; I have lost my unemployment benefits and could use the help now more than ever. In my time of need, it feels as though I've been forgotten.

My lawyers at DC KinCare Alliance told me that CFSA has received federal money to run a kinship navigator, but I don't know how it works. Is that part of the Close Relative Caregiver Program? CFSA knows who all the caregivers are who receive the Caregiver program subsidies,

so why wouldn't they send us information about the services I can receive from the kinship navigator, since they already know we are the people who need it?

I believe that kinship navigator is very much needed to get assistance for me and many other DC relative caretakers. However, I don't know what services are offered by the navigator and if I am entitled to them. I question how the funds in the kinship navigator program are spent and wonder what its future is. I also question whether the program should be run out of CFSA or whether caregivers like me would be more comfortable asking for help from a community provider.

I know there are other relative caregivers out there who have the same questions and concerns as me. I come before you to shed light on the needs of DC kinship caregivers and make sure we receive communications, benefits, assistance and transparency from CFSA, and that we are not forgotten.

Thank you.

Good morning, Councilmember Nadeau and the members of the Human Services Committee. My name is Christina Manzanares and I'm the Family Resource Specialist for the Latin American Youth Center's Foster Care Program.

Last year, we presented information before the council regarding the need for LAYC's unique services to foster youth and their families. Since that time, we are pleased to inform the Council that CFSA continues to support LAYC in providing culturally competent family-based care to Spanish speaking youth in the D.C. foster care system and to their families.

Also, LAYC continues to be the only agency in D.C. with the capacity to recruit, train, and license Spanish speaking foster families. Additionally, LAYC staff provide bilingual services that capture the cultural nuances of both the language and culture of immigrant populations.

In the past year, our services have proven invaluable as we have been able to place several youth with Spanish speaking relatives who may not have had the opportunity to care for their family members without our intervention. We have also been able to help youth maintain relationships

with family members who otherwise, may not have been engaged in their lives. We feel that LAYC can do more.

Despite our relative success, we have found it challenging to recruit families willing and able to serve as foster families. To address this issue, we have applied and are very close to obtaining a license to be a Child Placing Agency in Maryland, where the pool of families and recruitment opportunities are much larger. We are hopeful that this license will be a game changer for LAYC and that we will be able to expand our services to foster youth in more significant ways.

We are aware that the current population of foster youth in D.C. is 15% Latino. Proportionally, this is the largest number of Latino youth in need of Child Welfare services reported by CFSA. LAYC is uniquely qualified to serve these youth and their families. As such, we encourage CFSA to allow LAYC to provide case management services to Latino children and their families even in cases in which the children are placed in CFSA homes.

In LAYC's experience, a significant amount of the immigrant Latino youth who enter foster care in D.C. have not been raised by their parents, but by

relatives in Central America. When those youth arrive in the U.S., they and their parents find the acculturation process and reunification with their biological parents more challenging than expected, not to mention navigating the very complex and sometimes confusing Child Welfare system. For reasons already mentioned, LAYC staff is better equipped to help these families.

LAYC is a key player in expediting reunification, helping immigrant youth reach other forms of permanency, and otherwise providing services that help stabilize the future for Latino families and children in child welfare.

We can and are prepared to do more and call on CFSA to continue to partner with LAYC and take full advantage of what we offer to improve and recruit families.

Thank you and I welcome any questions.

Testimony of Karen Feinstein
Chief Executive Officer, Georgia Avenue Family Support Collaborative

Before the

Committee on Human Services
Council of the District of Columbia
Brienne K. Nadeau, Chair

Concerning 2021-2022 Program Oversight

Of the

Child & Family Services Agency

February 17, 2022

Good afternoon, Chairperson Nadeau and members of the Committee on Human Services. My name is Karen Feinstein, and I am the Chief Executive Officer of the Georgia Avenue Family Support Collaborative (GAFSC). I am before the committee today to speak to the strength of the Community Based Child Abuse Prevention (CBCAP) programming that has been securely established in DC. GAFSC is part of the CBCAP network of organizations and DC agencies that provide or, through a sub-grantee, deliver evidence-based services and innovative programs to families across the city. In FY21 CFSA's commitment to primary and secondary prevention was made possible due to a combination of federal and local funding.

In FY21, our sub-grantee, the Foster and Adoptive Parent Advocacy Center (FAPAC), continued its Parents Growing Stronger Together (FGST) Program, which utilizes the Effective Black Parenting curriculum to improve parents' understanding of child development and age-appropriate behavioral management skills. FGST also includes an array of supports, including virtual mentoring and family activities that

enable parents to practice and support one another in practicing parenting skills they have learned from the EBP curriculum. Although Cohort Six of FGST experienced attrition due to COVID conditions and challenges, the combined impact of EBP and FAPAC's innovative strategies of engagement is captured in one parent's response that "It's really more about me changing than my child changing."

In FY21 CFSA's CBCAP network enabled 391 families to benefit from preventative services from these seven providers: DC Children's Trust Fund; DC Behavioral Health; Collaborative Solutions for Communities/Family Place; Far Southeast Family Strengthening Collaborative/Manpower; Community Family Life Services and the Georgia Avenue Family Support Collaborative/Foster and Adoptive Parent Advocacy Center/FGST.

The joint work of CFSA's CBCAP staff and the network of nonprofit and government agency service providers is strengthening the primary prevention community in the city. Through this network's programs, parents and children of all ages are able to develop new skills, receive high quality mental health care, be safe in their families and build the confidence they need in order to realize their full potential.

Thank you.

Respectfully submitted,

Karen Feinstein, LICSW

Hello Chairman Nadeau and members of the District Council Committee on Human Services. Thank you for taking time this morning to listen to my story and recommendations. I am a twenty-three-year-old African American female, a current student at Trinity Washington university with an aspiration to become a social worker. I currently serve as the Vice President of the Youth Council for the District of Columbia Office of Youth Empowerment. Lastly, I am a foster care system alumni. I emancipated out of foster care April 2019. During most my stay in care I lived in The Mary Elizebeth house in Northeast , Washington DC . The child and family services agency was a huge support to while being in care and after. I received help with school enrollment, living expenses, career training, and life skills . During my time in care I have received awards for being a career pathway achiever and others including the right direction award from The attorney general Karl Racine. My experience in foster care taught me strength , courage , and resiliency. During my time in foster care I had a stroke. CFSA and The Office Of Youth Empowerment made sure to help arrange doctors appointments , help me obtain groceries, help me complete therapy, and a list of other things. I also received job readiness training which helped me obtain employment at places such as Bed Bath and Beyond, and Starbucks. Being connected to the Career Pathways Unit also helped me pursue my vocational endeavors which included earning my OSHA 10 certification , and attending UDCC's Phlebotomy program 10/29/18. If I could offer any advice I would tell youth to give social workers , foster parents , or any support That's offered a chance. Everyone does not have the intention on hurting you. In conclusion I would like to thank CFSA and any supporters I've had within CFSA'S branch for supporting me when I felt like there was no reason to be supported, I learned to believe in myself because you all believed in me. I have one recommendation. I would like to recommend that social workers as well as foster parents have extensive training in dealing with youth and teens with mental health disabilities and or illness. Thank you again for allowing me to share my story and recommendation.



**Testimony of Rachel Paletta, Center for the Study of Social Policy
To the Council of the District of Columbia, Committee on Human Services
Performance Oversight Hearing, Child and Family Services Agency
February 17, 2022**

Thank you, Chairperson Nadeau and members of the Committee, for the opportunity to provide testimony at the Performance Oversight Hearing of the Child and Family Services Agency (CFSA). My name is Rachel Paletta. I am a Senior Associate at the Center for the Study of Social Policy (CSSP), and a resident of Ward 1. CSSP was previously the Court-appointed Monitor under the *LaShawn A. v. Bowser* federal class action lawsuit, which was dismissed in June 2021. CSSP is currently serving in the role of Independent Verification Agent (IVA), validating the public reporting that CFSA has committed to continuing through 2022.¹

As part of the exit agreement from *LaShawn*, CFSA committed to continue efforts on practices and outcomes where additional improvement is needed, with a particular focus on expanding the placement array and placement capacity to ensure stable and appropriate placements for children in care; improving access to behavioral health services for children and families; and solidifying CFSA's efforts for ongoing quality improvement and public accountability. The Settlement Agreement also included commitments for the future and after exit from federal court oversight to ensure sustainability and public accountability, including: maintaining caseloads at or below the *LaShawn* standards; continuing to carry out Quality Service Reviews annually; maintaining a public facing dashboard with current data and updated policies; and producing public performance reports with information validated by CSSP for CY2021. There is also a requirement for CFSA to develop meaningful metrics for measuring and reporting performance toward placement stability, social worker and child visits with parents, and permanency. These metrics will be used by CFSA to publicly report on performance beginning January 1, 2022 forward. We have been in conversations with CFSA and Plaintiffs counsel for several months regarding these metrics, and are close to reaching agreement.

¹ When the *LaShawn* lawsuit was dismissed from federal court oversight last year, the provisions within the new Settlement Agreement remain legally enforceable as contractual obligations between the District of Columbia and Plaintiffs for a defined period of time. Unless an enforcement action is filed alleging breach of the Settlement Agreement, the Settlement Agreement and all potential claims expire on the 181st day immediately following Defendant's final public performance report. CFSA anticipates issuing its final report this spring, thus the contract would expire later this year.

CFSA's public performance reports for the periods January through June 2021, and July through December 2021 are required to be validated by CSSP as part of the transition to full public accountability. CFSA published the first of these reports covering performance from January through June 2021 on January 21, 2022. The report includes an addendum chapter authored by CSSP that describes CSSP's validation activities and findings; these data were discussed at a status hearing yesterday before Judge Hogan, and I will briefly highlight some strengths and areas needing improvement now.

- The quality of CFSA's investigative practice rose from 89 percent acceptable in September 2020 to 92 percent acceptable in March 2021.
- CFSA exceeded required performance for caseload standards of child protective services (CPS), in-home, and foster care workers (performance was 100% almost every month this period for all worker types).
- CFSA and its private provider partners exceeded the 70 percent target for approval of new foster homes within 150 days (January through June 2021 performance of 79%).
- Timely completion of medical evaluations for children within 30 and 60 days after their entry into care met required levels most months of the period, although CFSA continues to struggle to ensure all children receive a full dental evaluation within 60 days of entering care.
- There was a decline in performance toward completion of required visits between children their and parents – from October 2020 performance of 75 percent to May 2021 performance of 67 percent.
- Monthly performance toward the goal of ensuring 85 percent of all placements for children in care are in a family foster home was not met, with performance ranging from 77 to 79 percent between January and June 2021.
- CFSA did maintain a surplus capacity of licensed foster care placements² each month during the period (between 23 and 32 percent), however, when comparing the number of newly licensed homes to the number of homes that closed, there was a net loss of 15 homes.

We believe the transition to final exit is proceeding as planned. As I have highlighted, CFSA has maintained strengths in practice in some areas, and we have jointly identified areas that continue to require improvements.³ Throughout this next year, the District's obligations under the Settlement Agreement remain enforceable, and as the budget process begins, it is imperative for

² This includes non-kin foster homes and congregate care placements.

³ The placement array needs to be strengthened by ensuring there are stable and appropriate placements to meet the needs of all children in foster care. CFSA has taken some steps to address this, including introduction in June 2021 of Placement Stability Staffings – a teaming process used to review information about a child and their needs, and identify services and supports necessary to ensure stability in the placement. Instead of waiting for signals that a placement might disrupt, CFSA has committed to completing these staffings on all new placements to increase their likelihood of success. They have also recruited for, trained, and brought on board four additional professional foster parents, named TIPP – trauma-information professional parents. CFSA reports that three of these homes are currently licensed, and the fourth will be licensed by March 2022. These strategies have potential within the larger framework of placement and behavioral health support that CFSA is implementing with its private providers.

CFSA to maintain the resources it needs to appropriately serve children and families including having sufficient staff to meet caseload and practice requirements, and establishing and supporting the necessary placement array and community-based supports.

As the Council is aware, the increase in staff resignations in many sectors of public and private agencies has impacted CFSA, with a significant effect on the number of vacancies within CPS staff. Caseload data in December 2021 indicate that 94 percent of CPS investigators had compliant caseloads during the month, which is above the 90 percent requirement but is a five percent decline from June 2021 when compliance was 99 percent. CFSA shared in their Performance Oversight Hearing responses that as of January 6, 2022, there were 27 vacancies in CPS – an increase from 18 vacancies four months prior on September 30, 2021. CFSA has a sufficient number of FTEs, but recruiting and retaining staff in these positions right now will require new and innovative strategies – some of which are yet to be developed – and we think may need to include temporarily adding part-time positions and offering hiring and retention incentives or bonuses. We ask that the Council work with CFSA leaders to develop strategies and support CFSA on requests it could make to the Council to ensure they are successful in these efforts. In order to meet the needs of children and families, it is critical that CFSA is afforded maximum flexibility to shift FTEs and resources as necessary.

There is one final issue that we want to raise with the Council which we believe could hinder CFSA's ability to quickly and efficiently secure necessary services for children and families. Under *LaShawn*, CFSA had Independent Contracting Authority, and was able to issue RFPs, and review and establish contracts within the Agency. This enabled the Agency to quickly respond to needs that emerged through performance and outcome data, and feedback from stakeholders. Since the dismissal of *LaShawn*, CFSA has been transitioning its contracting authority and work to the District's Office of Contracting and Procurement (OCP), which will add steps and time to the review, approval, and vetting of contracts. We are concerned that this move back to old ways of doing business could create delays in securing necessary services for children and families. The full transition is underway, and it is our understanding that as of October 1, 2022, all contracting functions will fully transition to OCP, which will mean contracts of any amount will require OCP involvement.

Moving forward, as CSSP transitions from our role as IVA, we appreciate the Council's work to support CFSA as a high functioning, transparent, and accountable agency. Further, we appreciate the Council's past and continued efforts in ensuring CFSA receives all necessary financial and administrative supports to maintain and continue to improve its ability to support the safety, permanency, and well-being of District children and families.

Thank you for providing this opportunity to testify. I am happy to answer any questions the Council may have.



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The National Center
For Children and Families

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UNITED WAY: 8409
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Testimony of

Ralph D. Belk, LICSW, LCSW-C

Deputy Executive Director, Program Administration

The National Center for Children and Family (NCCF)

2022 Performance Oversight Child and Family Services Agency, CFSA

Council of the District of Columbia

Committee on Human Services

Brianne Nadeau, Chair

February 17, 2022

VIA Zoom

9:00 AM

Good morning. My name is Ralph Belk and I am the Deputy Executive Director at The National Center for Children and Families (NCCF). Thank you, Councilmember Nadeau and members of the Committee on Human Services for allowing me time to share testimony today.

NCCF is pleased to have been able to continue to serve vulnerable youth and families throughout a year where we are still managing the COVID-19 pandemic. NCCF was able to pivot throughout the year to maximize the safety of our youth and families as well as staff while continuing to ensure well-being and timely permanency. During this year, NCCF implemented the Board-mandated Vaccination Policy which included staff, foster parents and volunteers. NCCF is pleased to share that 100% of staff who have direct contact with clients are fully vaccinated. Out of 310 employees only 8 did not comply with the policy and chose to transition out of the agency. As we experienced COVID-19 spikes, NCCF was able to shift to virtual visitation to keep this critical work going, ensuring that youth and families had the technology to continue to engage with family members and the professionals that serve them. Throughout the pandemic, NCCF provided youth and families with masks, in-home test kits, and access to vaccination clinics as well as in-home vaccination services. We are pleased to report that 85% of foster parents have been vaccinated. Those that have not been vaccinated submitted waiver requests and have agreed to work with their assigned social worker to develop a foster home safety plan.

In FY 21, NCCF served 345 District youth placed in Maryland foster homes. Our largest age group served were preteens, ages 6 to 12 (39%), followed by children ages 0 to 5 (32%). We are pleased to share that 133 of the 345 youth served in 2021 achieved permanency which is a 10% increase over FY20.

While the number of youth in care has decreased, the acuity of the youth served has increased. In FY 21, NCCF placed 178 youth. Below is a glimpse into what the referrals look like:

www.nccf-cares.org

1438 Rhode Island Avenue, NE, Washington, DC 20018
6301 Greentree Road, Bethesda, Maryland 20817

- 58% of the referrals were for youth who disrupted from a District foster home placement; 37% were new to care (initial); 5% of the referrals were for internal NCCF replacements or re-entries into care.
- 18% (50) of referrals were for sibling groups of two or more.
- 34% of youth referred were ages 13-17 (most frequent)
- Approximately 2% of children/youth identified as LGBTQIA+
- Approximately 1% of the children/youth referred were classified as medically fragile
- 39% of referrals for older youth (ages 13-20) engaged in acts of verbal and/or physical aggression towards adults and/or peers
- 23% of the older youth (ages 13-20) referred have significant mental health concerns, including multiple hospitalizations, untreated diagnosis, and suicidal and/or homicidal ideation
- 52% of the referrals for females ages 13-21 are victims of human trafficking and have excessively high AWOL and school truancy rates
- 28% of older youth referred engaged in delinquent behaviors and/or unsafe activities (substance misuse, destruction of property, robbery, assault, theft etc.)

Thus far in FY22, NCCF served 271 youth, again with the largest group served being pre-teens. Of the 271 served thus far this year, 32 have achieved permanency.

NCCF thanks Director Matthews and the CFSA Leadership team for approving two additional Family Support Workers, two In-home Mental Health Specialists and one additional Behavioral Specialist. These additional roles are critical in meeting the ever-increasing needs of the youth and families we are serving.

NCCF continues to recognize and support the essential foster parent partnership. In FY21, NCCF managed 230 licensed foster homes with a retention rate of 71%. Thus far in FY22, the NCCF foster parent retention rate is 93%. Foster parents have exited for the following reasons:

- Permanency Achievement – these foster parents have adopted or done guardianship with the youth in the home and do not have capacity to serve additional youth (51%)
- Tenure – many foster parents have served for decades and are retiring (27%)
- Non-compliance with Licensing Requirements (13%)
- Relocation out of the area (4%)
- COVID-19 (4%)
- CPS Investigation (1%)

Foster Parent Recruitment continues to be a priority for NCCF. We have exceeded our FY21 goal of recruiting foster homes to serve teenagers. Thirteen (13) additional homes have been licensed from FY21 to date to serve this population. Our goal for FY22 is 30 with a primary focus to secure homes prepared to meet the needs of Black teen girls. NCCF continues to promote the need for highly qualified foster parents

who can provide for care for our Black teen girls, giving them second and third chances while facilitating growth and achievement of pivotal developmental milestones and visions for higher education and independence.

NCCF continues to provide an array of supports to help foster families and encourage them to continue to serve in this role. These supports include:

- NCCF Foster Parent Coach Academy provides one-on-one weekly coaching support to traditional, therapeutic, and kinship foster parents through telephone and virtual sessions for at least an hour, utilizing the Nurtured Heart Approach and solution focused strategies. The Nurtured Heart Approach is an **evidence-based**, practical, and easy to learn set of strategies that assists children to develop their self-regulation. The Nurtured Heart Approach teaches parents to positively energize when things go right and minimize the amount of energy placed into moments when things go wrong.
- Twice monthly foster parent support groups are offered to educate and aide in building rapport, as well as creating a space for foster parents to share, develop peer support systems and promote encouragement to continue fostering.
- Trauma-informed foster parent in-services trainings and workshops are offered throughout each month, facilitated by professional consultants and NCCF staff on topics such as human trafficking, working with disruptive behaviors, the Nurtured Heart Approach, verbal aggression, trauma and LGBTQ youth.
- Monthly foster parent engagement activities are offered as an opportunity for fun and relaxation. These activities include: game nights, vision board, paint and sip, self-care activities, cooking demonstrations, and crafts.
- Foster parent recognition activities which celebrate the success of foster and parents and show appreciation for their care of children, include an annual awards recognition celebration, foster parent appreciation month events, jazz night, highlights of exceptional foster parents in the monthly foster parent newsletter.
- Behavior Specialists are available to support foster parents and children who present with high intensity behaviors.
- 24 Hour On-Call Crisis Support.
- Foster Parent Advisory Board meets monthly and serves as the liaison between foster parents and NCCF leadership to engage in communication with all foster, adoptive, and kinship parents, provide peer support as needed, advocate on behalf of foster, adoptive, kinship families and foster children and ensure that the NCCF leadership is aware of challenges and concerns related to practices and policies which impact families' ability to effectively foster.

Some other noted NCCF accomplishments include:

- Personnel reviews demonstrated that NCCF continues to hire a competent workforce that can meet the needs of the child welfare population.
- Personnel record audits were found in compliance with background clearance, licensure, and training requirements.
- NCCF's social worker caseload ratios improved during FY21 with ninety-six percent of NCCF social workers' caseloads in compliance with the required 10:1 caseload ratio.
- Child case record audits demonstrated NCCF's strengths in addressing safety issues and providing justification for permanency goals.
- NCCF established two new teams to increase emphasis on minimizing placement disruptions, achieving permanency for youth and identifying potential kinship placements and lifelong supports for youth in care.
- NCCF created a team of KinNetwork Specialists to provide intensive and exhaustive search and engagement of relatives for youth who are in care and have no viable permanency options, with the goal of identifying potential placements and family supports for youth.
- NCCF had a decrease in CPS allegations with no substantiations of neglect and/or abuse.

FY21 Lashawn Benchmark Performance

- NCCF scored 98% and exceeded the benchmark by 2% for Worker visit 1 visit (CMT 165) to children in foster care placements benchmark of 95%
- NCCF scored 97% and exceeded the benchmark by 7% for Worker visit 2 visits (CMT 165) to children "In home" benchmark of 90%
- NCCF scored 87% and exceeded the benchmark by 2% for Visits to children In-home 2 + visits (CMT 166) to children in foster care placements benchmark of 85%
- NCCF scored 95% and exceeded the benchmark by 5% for Child Case Plans (CMT 163) benchmark of 90%
- NCCF scored 93% and exceeded the benchmark by 3% for Family Case Plans (CMT164) benchmark of 90%
- NCCF scored 91% and exceeded the benchmark by 6% for Siblings visit 1 visit per month (CMT 219) benchmark of 85%
- NCCF scored 84% and exceeded the benchmark by 9% for Siblings visit 2+ visit per month (CMT219) benchmark of 75%
- NCCF scored 84% and exceeded the benchmark by 4% for Worker Re-unification visits (CMT 267) benchmark of 80%
- NCCF scored 97% and exceeded the benchmark by 2% for Medical/Health Evaluation (HTH005) benchmark of 95%

FY22 Lashawn Benchmark Performance (October 2021 – December 2021)

- NCCF scored 96% and exceeded the benchmark by 1% for Worker visit 1 visit (CMT 165) to children in foster care placements benchmark of 95%
- NCCF scored 93% and exceeded the benchmark by 3% for Worker visit 2 visits (CMT 165) to children "In home" benchmark of 90%

- NCCF scored 97% and exceeded the benchmark by 2% for Visits to children In-home 1 visit (CMT 166) to children in foster care placements benchmark of 95%
- NCCF scored 92% and exceeded the benchmark by 7% for Visits to children In-home 2 + visits (CMT 166) to children in foster care placements benchmark of 85%
- NCCF scored 92% and exceeded the benchmark by 7% for Siblings visit 1 visit per month (CMT 219) benchmark of 85%
- NCCF scored 84% and exceeded the benchmark by 9% for Siblings visit 2+ visit per month (CMT219) benchmark of 75%
- NCCF scored 92% and exceeded the benchmark by 12% for Worker Re-unification visits (CMT 267) benchmark of 80%

This year has not been without challenges, many of which have been exacerbated by the COVID-19 pandemic. NCCF looks forward to working with our partner, CFSA, in addressing them.

Transportation of youth from Maryland homes to their schools in the District has been problematic. The required CFSA 3-day waiting period for approval of children requiring transportation causes great strain on NCCF staff who are forced to drive children until CFSA or DCPS transportation kicks in. NCCF's 2 transportation workers are now managing visitation related transportation as well as school transportation. As the need exceeds their capacity, this task falls to the social worker which pulls them away from practice work. NCCF recommends that CFSA increases its transportation capacity resulting in the elimination of the waiting period.

Education supports is another area of challenge. Research has documented the fact that the pandemic has caused learning delays across all student demographics but is most prevalent within communities of color.

Currently, NCCF is assigned two Education Specialists who are co-located in Greenbelt with NCCF's social work teams two days a week. These two Education Specialists serve twenty-three (23) youth, who are in grades 8-12, under the Check and Connect Model and provide consultative services to all six (6) Supervisors for education support. NCCF currently has 187 school aged youth; 76 in grades 8 to 12.

While the co-location of Education Specialists has been helpful, the model does leave youth unserved in a time where learning has been challenged and the need is greater than ever before. We do know that youth in foster care tend to have increased educational delays even before there was a pandemic. The current approach does not factor in the elevated needs of this population based on the lack of in-school classroom time, the challenges of virtual learning and the limited number of overall school days within the last two school years as a result of COVID-19. CFSA's intensive service delivery model is limited to a very small population (12%) which leaves out other youth who could benefit from services even if they don't meet the identified criteria. The consultative approach only provides services and interventions when a social worker or youth reaches out for assistance. Consequently, it is a reactive response to service delivery rather than a proactive interventionist approach that ensures we are monitoring and providing support tailored to each youth's needs. This approach prevents the agency from establishing common educational benchmarks we can strive to achieve for every youth on a large scale. Such benchmarks are necessary to ensure some baseline level of support and monitoring is happening in every case and ultimately results in enhanced positive outcomes for our youth.

As with many other tasks, educational supports and advocacy falls to the assigned social worker. NCCF recommends that NCCF have three full-time Education Specialists to supplement the CFSA co-located Specialists which would allow each school aged youth to have an assigned Education Specialist, each with a caseload averaging 55 youth.

In conclusion, the NCCF team looks forward to continuing and strengthening the excellent quality services that you have come to expect for the children in our care. I welcome your questions, comments, and feedback and thank you again for your time and attention.



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Executive Director

Affiliations listed for identification purposes only.

American Baptist Homes
and Caring Ministries

Child Welfare League of America

Consortium for Child Welfare

DC Alliance of Youth Advocates

Maryland Nonprofit

Maryland Association of Resources
for Families and Youth

UNITED WAY: 8409
CFC: 70510



Testimony of
Dr. Sheryl Brissett Chapman
Executive Director

The National Center for Children and Family (NCCF)
2022 Performance Oversight Child and Family Services Agency, CFSA
Council of the District of Columbia
Committee on Human Services
Brienne Nadeau, Chair
February 17, 2022
9:00 AM

Good morning, Chairwoman Nadeau and members of the Committee on Human Services. My name is Dr. Sheryl Brissett Chapman, and I am the Executive Director of The National Center for Children and Families (NCCF), a 107-year-old child, youth and family serving, comprehensive nonprofit incorporated in the District of Columbia. It is my privilege to come before you again regarding the oversight of NCCF's private provider partnership with the District's Child and Family Services Agency (CFSA) designed to provide quality services to children and youth placed out of home in Maryland. I am pleased to affirm another successful year for this model approach and for the children and families both agencies serve together; I would also like to advocate for specific and critical strategies to more effectively address unmet needs for these vulnerable children and their families.

Following a year of enhanced focus on evaluating practice, NCCF has revamped and reframed its overall approach to foster care and this partnership. This transformation further has been inspired by Director Robert Matthews' outlook and goals for CFSA. We have renamed the program The Family Focused Initiative (FFI). This pioneering initiative offers success to families facing the challenges of child abuse and/or child neglect by providing parenting education and supports, that rely on family strengths and community resources to assist parents in providing a safe, nurturing home environment where children can grow and thrive, and when necessary, a continuum of culturally competent family-based care outside of the home. FFI will engage the extended birth family systems through a holistic approach which addresses social justice barriers, the compounded impact of trauma, and which provides opportunities to gain parental confidence, economic stabilization, mental and physical wellness, and an ability to lead their family, independently.

We anticipate that this enhanced and concentrated focus on the extended family will shift NCCF's metrics to further super-integrate its teams while it continues to focus on child safety, wellbeing, and permanency, with the addition of family wellbeing. We are extremely excited about bringing new energy to this model and believe it is very compatible with Director Matthews' longer-term plans. The added benefit is that FFI, as a refined initiative, has energized our staff, who despite the difficult and often draining work, come to this profession in order to make a difference in the lives

of children. They truly want to see children happy, see them thriving in caring, stable families, and to use the District's resources to the best advantages of those who so desperately need them. Led by evidence that NCCF's upgraded, redesigned management information system will produce, our super teams will wrap around and target services with increased efficiency and impact.

As NCCF continues to move forward, and as previously noted by my colleague, Mr. Belk, we have identified four current challenges to our desire to provide the very best quality services. Although there are fewer children entering the system each year, there is no doubt that those children who enter our care have a pressing need to be more powerfully integrated into the community before they come into care, when they are placed out of home, and when they move into or return to their permanent families. We must find a more wholistic approach to support families with caring for their birth, relative or non-relative children. The severity of the conditions of the children and youth referred to NCCF causes greater strain on foster parents as well as our staff, and our limited resources. This is compounded by an insufficient placement capacity for youth who cannot remain in an in-home setting.

Parity of care and resources remains a concern, despite considerable contractual progress in this area.

1) Transportation continues to cause undue burden on NCCF's ability to provide services. Mr. Belk mentioned the 3-day waiting period for transportation approval, because this delay is disrupting our whole system. We have social workers and staff driving children from Waldorf to DC while we wait for transportation support, causing unnecessary disruption for the primary responsibilities of all parties. This assignment process should take no more than 24 hours and we are seeking hardship relief from CFSA.

2) One invisible and significant cost of children being separated from families is their inability to succeed at school. Each child in care must be assigned an educational specialist to ensure academic tracking, appropriate support, and positive results. As it stands right now, only children who are at high-risk, receive the support of the two co-located Educational Specialists. For all other children this task is falling to the social workers or directly on families. Combined with the volatility of schooling during this continuing pandemic, and the compounded impact on children and youth who are already delayed educationally, this is a significant contributing factor to burn out.

3) The national movement that has been referred to as the "Great Resignation", like all of our colleagues, also has impacted NCCF's ability to attract qualified licensed social workers who are passionate about serving youth and families served by the child welfare system. It has been well established that most professionals have spent the time of the pandemic re-evaluating their careers. Social workers are no different. Experienced workers are moving to other areas within their profession and new graduates are not choosing child welfare services at the same rate as five years ago. Consequently, NCCF is recommending that the District consider the use of licensed Bachelor level Social Workers to fulfill case management responsibilities. As the Maryland Child Placement Agency (CPA) regulations allow for this practice, NCCF has requested Director Matthews to issue NCCF a contract modification allowing us to including utilization of licensed BSWs, going forward, to supplement our staff and bolster our ability to manage the care of those we serve.

4) Finally, I must continue the campaign to properly compensate NCCF's essential and critical staff for their highly dedicated and professional standards of work. We need to accommodate for the drastically

increased cost of living (5.9%) and offset for their lack of ability to merit tenure and city government benefits packages

In conclusion, we at NCCF look forward to continuing this successful partnership with CFSA and to leveraging a revitalized Family Focused Initiative which not only improves our results and standards of care, but also improves birth parent, kin and foster parent, and community engagement, resulting in fewer abscondences and disruptions for the children in our care. As a learning organization, and with clarity of purpose, NCCF continually seeks to be better.

At this time, I welcome your questions, comments, and feedback and thank you again for your time and attention.

Testimony submitted to the Performance Oversight Hearing: Committee on Human Services - Child and Family Services Agency. February 17, 2022.

Chairman Nadeau and Members of the Committee,

The following is written testimony from the Medical Society of the District of Columbia (MSDC) and the DC Section of the American College of Obstetricians and Gynecologists (ACOG).

Dr. Nevin is a Board-Certified OB/GYN and Assistant Professor of OB/GYN at Georgetown University. She has practiced medicine in the District of Columbia since 2003. Her testimony today is as President of the Medical Society of the District of Columbia (MSDC) on behalf of our members and our patients. The Medical Society of the District of Columbia (MSDC) is the largest medical organization representing metropolitan Washington physicians in the District. We advocate on behalf of all 11,000 plus licensed physicians in the District and seek to make the District “the best place to practice medicine”.

Sara Imershein MD MPH FACOG, is a Fellow, Senior Status and DC Section Chair locally representing the American College of Obstetricians and Gynecologists (ACOG). She is Clinical Professor of Obstetrics and Gynecology at the George Washington University School of Medicine and Health Sciences. ACOG, with over 58,000 nationwide members, maintains the highest standards of clinical practice and continuing education for the nation’s women’s health physicians. Locally, our DC membership is responsible for the care and delivery of the huge majority of babies born in DC.

THC (cannabis, marijuana) is currently included in urine toxicology testing. According to the DC Department of Child and Family Services Agency’s (DC DCFS) rules, positive tests in babies require Mandatory Reporting. D.C.’s obstetrical clinicians are concerned current Mandatory Reporting requirements for THC are harmful to families. Positive THC toxicology tests in pregnant patients lead to testing babies and referrals to DC DCFS. Although THC is legal in the District positive testing remains actionable as a controlled substance.

THC, a legalized substance in DC, must be removed from the ten-drug panel urine toxicology testing. If technically impossible, DC DCFS should modify its rules to exclude THC from the list of controlled substances requiring Mandatory Reporting. If it is unable to do so due to its statutory mandates, the Council should act to permit this.

THC (and all drug toxicology) testing remains important for patients with known or suspected drug use, or polydrug abuse based behavioral observations. The results of full testing, including THC, remain available to healthcare providers. Clinicians can educate their patients, with whom they have established a trusting relationship, about the potential harm of THC exposure to fetus, baby and the family, available supportive services, and counseling to modify behavior. Referral to DC DCFS always remains an option if a child is at risk of abuse or neglect.

We recognize the involvement of DC DCFS is not meant to be punitive. Patients and families may be offered access to support services. DC DCFS representatives suggest their role is “educational.” We know once a family unit is reported to DC DCFS a surveillance system is initiated that patients regard as punitive, stigmatizing and disruptive at home. DC obstetricians, pediatricians, midwives, and advanced care providers encounter patients who avoid prenatal and/or pediatric care for fear of DC DCFS reporting, referral and criminalization of their legal behavior.

When drug toxicology testing is performed on parent or infant, specific informed consent must be obtained except under emergent or exceptional circumstances. Informed consent includes more than a signature, or declaration the test is “routine.” Informed consent is a personalized conversation explaining the test and the impact of positive results requiring Mandatory Reporting to DC DCFS. Patients must be informed testing can be declined.

We support drug screening (obtaining each patient’s history and observing behavior) when appropriate to determine if testing is indicated. We acknowledge universal screening is flawed and biased, further marginalizing an at-risk population. Still, positive testing of THC alone, a legal substance, should not be reportable to any government agency.

Removing Mandatory Reporting for positive THC testing will foster more open and honest communication between patients and providers. Clinicians will utilize a positive THC report. The strongest impact results from clinicians counseling their patients to modify behavior - not referral to a government agency, regardless of good intent.

We acknowledge evidence, although inconclusive, that THC may be harmful to the developing fetus and child. However, we do not perform neonatal testing nor require Mandatory Reporting of recognized legal toxins such as alcohol and nicotine unless parental behavior is of concern.

Our goal is improving mother and baby outcomes. These recommendations align with the American College of Obstetricians and Gynecologists (ACOG) policy statement:

“Drug enforcement policies that deter women from seeking prenatal care are contrary to the welfare of the mother and fetus.”¹

Many thanks to the Committee for your time and consideration.

Kirstiaan Nevin, MD FACOG
President, MSDC

Sara Imershein, MD, MPH, FACOG
DC Section Chair, ACOG

¹ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/01/substance-abuse-reporting-and-pregnancy-the-role-of-the-obstetrician-gynecologist>

My Overall experience adopting with CFSA has been very positive. I felt supported throughout the entire process and that everyone was working in the best interest of the children, while also considering me. In the end, a great match was made and a forever family was formed.

My children are excited about being adopted and quickly accepted me as mom. That part was easy. We had a lot to work through and I am amazed at how far we've come in such a short period of time. The support and services provided by CFSA has played a major role in our success. My children were connected to various needed services such as therapy and tutoring and many resources and learning opportunities were made available to me to guide the process.

Since the day that my children joined my family, it was as if they've always been here. They quickly formed strong bonds with their new grandparents, aunts, uncles and many cousins. Its been such an amazing experience for all of us. The children are thriving and making progress daily as we continue to grow together. I'm looking forward to continuing to watch my girls grow and possibly adopting more children. We finalize in February and can hardly wait! The children ask me every day is today the day.



Testimony submitted to the Performance Oversight Hearing: Committee on Human Services
- Child and Family Services Agency. February 17, 2022.

Chairman Nadeau and Members of the Committee,

We write to you today as the Vice-President and Legislative Chair of the American College of Nurse Midwives (ACNM) - D.C. Affiliate. The D.C. ACNM Affiliate represents over 80 Certified Nurse Midwives (CNM) and Certified Midwives (CM) that provide care to D.C. families from puberty through menopause.

We submit this testimony today to urge support for legislation or administrative actions to remove cannabis (THC), a legal substance in D.C., from the 10-drug panel of drugs for urine toxicology for pregnant individuals. As a nurse midwives who serve women and pregnant people in D.C., we share the common goal of wanting what is best for families. It is the opinion of the DC ACNM Affiliate that universal screening of urine toxicology in Labor & Delivery (L&D) units in Washington DC is a practice that is not in the best interest of families and may serve as a barrier to care.

Currently there is disagreement among stakeholders as to whether universal testing of maternal urine should be routinely obtained from L&D for toxicology screening. Current D.C. law requires mandatory reporting for all scheduled drugs, including cannabis. However, we know mandatory reporting referrals to any public agency is seen as punitive by many patients. Although we recognize the motivation is education, support services and behavior modification does not diminish the stigma and perception by patients regardless of our educational intent. Studies recognize no evidence that referrals and the perceived threat of reporting actually lower alcohol and drug use (ACOG, 2019). Currently practicing physicians and midwives throughout D.C. have observed patients who avoid care for fear of referral.

Studies have shown that prenatal care greatly reduces the potential negative effects of substance use during pregnancy including decreasing the risk of low birth weight and prematurity (ACOG, 2019). Thus drug enforcement policies, such as universal screening for cannabis, are contrary to the welfare of mother and fetus (ACOG, 2019). If the removal of cannabis from the 10-drug panel of drugs for urine toxicology for pregnant individuals is not possible, we propose cannabis' specific exclusion from the list of scheduled substances

requiring mandatory reporting. Should the toxicology report results show THC, these results would still be highlighted for the prescribing clinician to educate the patient and discuss a referral to DCFS.

We acknowledge there is inconclusive evidence that cannabis can be harmful to the developing fetus and child. However, we do not routinely test and report other known legal toxins such as nicotine and alcohol and therefore cannabis should be removed from the 10-drug panel of drugs for urine toxicology to reduce barriers to care. When newborn deaths are investigated there is a prevalence of cannabis use, however the recognized issue is unsafe sleep practices. It is unclear whether cannabis use is a precipitating factor and it is both unfair and discriminatory that all cannabis users be referred for education as all parents need to learn about safe sleeping practices.

There is also shared concern regarding the lack of informed consent prior to specimen collection. Patients who are tested must be informed of the consequences of a positive test in the conversation that precedes signing a consent form. Patients should not be advised solely that testing is 'routine' without discussing the consequences and advising that patients may decline testing. We agree, however, that at-risk patients (those with behavioral changes, obvious signs of inebriation, or polysubstance use) should be tested, with consent, and referrals made as appropriate as required by mandatory reporting rules.

In summary, the ACNM DC Affiliate, in order to provide better and safer care for D.C. families, strongly suggests that cannabis (THC) be removed from the 10-drug panel of drugs for urine toxicology for pregnant individuals.

Thank you to the Committee for your time and consideration.

Emily Johnson CNM, MSN, IBCLC - Vice President ACNM DC Affiliate

Michelle Clausen CNM, MSN, PhD Candidate - Legislative Chair ACNM DC Affiliate

Citations:

Substance abuse reporting and pregnancy: the role of the obstetrician–gynecologist. Committee Opinion No. 473. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:200–1.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Performance Oversight Hearing Fiscal Year 2021
Child and Family Services Agency

Testimony of
Robert L. Matthews
Director

Before the
Committee on Human Services
Brienne K. Nadeau, Chair
Council of the District of Columbia

February 17, 2022
via
WebEx Virtual Meeting



Good morning, Chairwoman Nadeau and members of the Committee on Human Services, and Committee Staff. My name is Robert L. Matthews, Director for the D.C. Child and Family Services Agency (CFSA), and I am grateful for the opportunity to testify before you today for the first time in the director's capacity as I share CFSA's performance over the past year.

My testimony will provide updates on the agency's data trends along with our continued efforts to stabilize children and improve the agency's supports and services to our children and families. I will also provide an update on CFSA's final steps in the *LaShawn A. v. Bowser* settlement agreement as well as outline the agency's advancements in expanding our upstream prevention model. And it is with enthusiasm that I highlight what my team and I have identified as CFSA's priorities for FY 2022.

CRITICAL DATA

Hotline stabilization:

In FY 2019, we received 19,216 **hotline calls**, and 8,314 **(43%) of those referrals** were made by school personnel. During the first year of the pandemic, FY 2020, CFSA experienced a significant decrease in the number of reports of abuse and neglect to our Child Protective Services (CPS) Hotline. While our referral and investigative functions and processes have remained steady, we have understood throughout this pandemic that a decrease in reports does not mean that abuse and/or neglect also declined. Under the direction of the Deputy Mayor for Education, CFSA, DC Public Schools, the Office of the State Superintendent of Education (OSSE), and DC public charter schools developed an abuse and neglect referral protocol for teachers and school staff to utilize when they are unable to successfully maintain contact with students during the school year. This partnership also helped to inform an order that allowed CFSA to assess for and rule out educational neglect and provide recourse for parents who were keeping children home due to COVID-19 concerns and needed virtual learning options. CFSA's guidance also supported educators in assessing student safety and well-being in virtual learning environments. These

efforts resulted in a rebound for calls to our hotline in FY 2021—we received **16,998 hotline calls**, with **8,397 (49%) of those referrals** being made by school personnel.

Even with our government colleagues in DC schools working tirelessly to ensure that children can learn in-person as safely as possible, CFSA continues to lean on our partnerships with other agencies and community groups around the city to help keep an eye on children. The Metropolitan Police Department (MPD) and organizations like our Healthy Families/Thriving Communities Collaboratives along with our Family Success Center grantees have been supportive in alerting us when they see a family that may be in crisis. And it is imperative that the public knows that CFSA’s hotline accepts calls 24 hours a day, seven days a week.

Placement

In the beginning of FY 2020, CFSA experienced what could be referred to as a “placement crisis”. At the time, very few of our resource homes were equipped to manage the unique behavioral needs of a number of children and youth needing placement. That lack of specialized resources resulted in numerous placement disruptions, overnight stays at CFSA’s headquarters, and on several occasions, emergency placements lasting longer than 30 days. Throughout FY 2021, CFSA made sound investments in our placement array, including four additional Trauma Informed Professional Parents (TIPPs), a contract with Catholic Charities that provides local, intensive residential treatment, and we are currently in the process of securing out-of-state specialized commercial sexual exploitation of children (CSEC) services for children who are victims of sex trafficking. The combined impact of these investments has resulted in a **38 percent bed surplus** which exceeds the 10 percent requirement per our Lashawn settlement commitment. Last year, we significantly reduced the number of children and youth who have stayed overnight at CFSA headquarters, and we came close to eliminating the need for emergency placement beyond 30 days. We have also made progress on limiting placement disruptions. While the placement crisis has been abated, we will continue to assess and diversify our placement array to ensure that we can

provide appropriate placement settings to address even the most unique needs of our children and youth. I want to be clear: having a surplus bed capacity alone is not adequate—our goal is to maintain a diversified placement array that meets the needs of children and youth who come into our care placement options that correspond precisely to the needs of the young people who come into our care, and I am committed to further expanding our placement options to achieve that.

Reduction of children in out-of-home foster care:

At the end of FY 2021, CFSA was serving **614 children** in foster care and **1,290 in-home** with their families. Of the children who entered care in FY 2021, **46 percent** were ages zero to five; **30 percent** were ages six to 12; and **24 percent** were 13 to 17 years old. Eighty percent were Black or African American, 12 percent were Hispanic, 1 percent was white. Over half of the children we serve continued to come from Wards 7 and 8.

Older Youth:

In March 2020, the foresight of the DC Council allowed for the District to lead the way for other jurisdictions to ensure that older youth would be supported through the COVID-19 pandemic. In FY 2021, emergency legislation permitted youth who were turning 21 to remain in foster care up to 90 days after the end of public health emergency. Until this legislation was passed, these individuals would have aged out of foster care in the midst of an extremely precarious local and global situation. As a result of the measure, **26 youth** scheduled to emancipate were able to remain in extended care.

Permanency Outcomes:

While there is no denying that the public health emergency continues to present limitations to coordinating permanency for our kids, CFSA is pleased to report that our staff, providers, community partners, and resource parents succeeded in helping children achieve positive outcomes over the course of the pandemic. Increased teaming among these groups led to improved permanency numbers over FY

2020, and in FY 2021, **112 adoptions** were finalized, **40 guardianships** were completed, and **132 reunifications** took place.

Diversions:

For the past three years, there has been much discussion surrounding CFSA's policy on diversion. As an expert on kinship practice, since taking this position, I have prioritized reviewing CFSA's practice to ensure that it aligns with our policy and importantly, our beliefs. My review has included analysis of other jurisdictions' diversion policies and conversations with other child welfare leaders around the country. CFSA's practice differs from the more broadly accepted description and definition of diversion which considers diversion to be a formal placement option. In DC, diversion is not a formal placement option. One of the most important components of our practice, and something that sets us apart from other states, is that we take measures to rule out danger and assess safety prior to allowing families to plan for their children to reside with relatives without court involvement.

CFSA's top priority toward families and their children is working to ensure the safety of those children. An effective tool to facilitate and promote the family's efforts to keep their child or children safe is a formal, signed safety plan. Safety plans often involve the support of relatives and are frequently mistaken for diversion. A safety plan should clearly describe immediate threats to the child(ren)'s safety and detail how those threats will be managed to mitigate, or ultimately, eliminate, the child's risk of being unsafe. When used appropriately, safety plans are time-limited and require consistent re-evaluation of the plan's participants. In FY 2021, my team and I have taken note of the concerns of CFSA's advocates, and as a result, we have combed through the agency's safety planning practice. We have held internal discussions and focus groups over the course of several months and concluded that FY 2022 should, and will, bring modification to its scope, definition, and training to ensure the most prudent and consistent application of safety planning.

FY 2022 will also see CFSA educate stakeholders and clarify for everyone our practice and position around diversion. CFSA holds as a fundamental value that family voice and family choice matter when it has been assessed that danger is not a concern and safety has not been compromised. CFSA recognizes that families have strengths to draw from, and when they can be supported within their community, families can be empowered to help keep the children in their family stable and loved without the formal involvement of the child welfare agency. This is a practice that CFSA looks forward to growing as we continue to shift supporting families further upstream to identify and mitigate risk early enough to prevent formal agency involvement.

LASHAWN A. v. BOWSER

FY 2021 marked the year that CFSA proved that it had made sustainable improvements around investigations, visitation, placement, and permanency—areas that encompassed many of the remaining measures of the Exit and Sustainability Plan (ESP) set for the *LaShawn A. v. Bowser* class action lawsuit. As a result of these gains and many other advancements spanning the agency, in June 2021, following a fairness hearing, Federal District Court Judge Thomas Hogan affirmed a settlement agreement between all parties and allowed CFSA to exit federal court oversight. Since reaching that monumental milestone, the agency has been working to fulfill the additional commitments outlined within the settlement agreement. This included building and maintaining a foster placement surplus, continuing to increase clinical and therapeutic services, recruiting more professional foster parents into our placement array, and executing a contract with a specialized psychiatric residential treatment facility in the region, which we have now done. Additionally, we are maintaining our caseload standards as well as our commitments toward self-monitoring and public reporting.

Free from federal court oversight and in a one-year-period of data validation, CFSA increased self-regulation and self-correction through our new performance measurement framework, which consists of

35 measures of accountability across our Four Pillars. The last year has taken CFSA through an in-depth process where we are identifying our long-term performance measures and meaningful metrics across permanency, placement, and visitation standards. This process utilizes best practice child welfare measures as we align our measures with federal methodology and learn from other jurisdictions around the country. Through robust reporting to our oversight bodies and the general public, we are demonstrating that we can consistently sustain the progress we have achieved and that CFSA is committed to a transparent relationship with stakeholders.

So, after 31 years, the perseverance of CFSA staff, our providers, our community and government partners, and our resource parents helped CFSA prove itself as a self-regulating, self-correcting agency driven by data, quality, and evidence-based practice. Boosted by the parting of the cloud of federal court oversight, post-*LaShawn* will see child welfare in the District redesigned as a *child and family well-being system*. We are making the shifts to engage our community and our families in a different way, and we look forward to including those with lived experience to help co-lead this redesign.

PREVENTION

In FY 2021, Mayor Bowser announced the opening of 10 Family Success Centers in neighborhoods throughout Wards 7 and 8. With the official launch of these centers and the Families First DC companion initiative, CFSA has expanded our prevention array to include a place-based, whole family approach that provides upstream, primary prevention services and neighborhood driven resources. Each center utilizes a family strengthening model to increase protective factors, mitigate trauma, fill gaps in services, and set families up for successful outcomes. They connect families to critical prevention services that require a greater focus as the District recovers from the pandemic — from employment and education to food security, childcare, and healthcare, including mental health. All 10 centers have truly been boots on the ground since their opening, and in FY 2021, collectively served **16,038 families**.

Last fiscal year, we had bold goals to increase our support to kin and close relatives who are raising their minor relatives. In FY 2021, **101 families received resources through CFSA's Kinship Navigator Program, 33 through the Close Relative Caregiver Program, and 562 through the Grandparent Caregiver Program.** For FY 2022, a greater focus on and increased resources for these programs will provide even more qualified District residents with subsidies and other support services to help them care for the littlest loved ones in their families and prevent entry into the foster system.

In line with our redesign goals, last year saw the District's induction into the Children's Bureau Systems Change Cohort of the Thriving Families, Safer Children: A National Commitment to Well-being initiative (TFSC). This initiative supports CFSA's transformative journey from a system primarily focused on foster care to a child and family well-being system that supports and strengthens families in their communities. Our participation in TFSC allows CFSA and other District agencies to further expand upon the array of services that support families early enough to prevent them from becoming system involved. Through this initiative, we are building on our cross-sector relationships to address the root causes of maltreatment of children while working to prevent initial and repeat occurrences, avoid needless family disruption, reduce family and child trauma, and interrupt intergenerational cycles of abuse. Over the past fiscal year, we have focused on learning from other jurisdictions within our cohort, and we look forward to bringing more stakeholders to the table from housing, human services, justice, education, health care, and other fields for new insights and approaches to partnering with and resourcing communities and families. This initiative will aid the District in making clear the interdependence of all who play critical roles in keeping children safe and families strong. CFSA is excited to lead this charge for one of the best child welfare systems in the nation.

FY 2022 FOCUS

While we are proud of the agency's transitional success over the past year, CFSA is hyperaware of the road ahead as our city continues to combat the COVID-19 pandemic and its impact on our most

vulnerable families. In addition to fulfilling our final commitments to *LaShawn* and bolstering upstream prevention efforts in FY 2022, our priorities will include enhancing services and supports for older youth as they depart care, exiting more children and youth to permanent homes and forever families, and strengthening the Office of CFSA's Ombudsman to work with stakeholders to resolve issues as they arise. On the policy side, our agency will focus on strengthening the way that we track agency performance and child and family outcomes while maintaining transparency through Continuous Quality Improvement (CQI). Our attention to Diversity, Race, Inclusion, and Equity for FY 2022 and the years ahead will compel us to address longstanding inequities in child welfare in addition to fostering a more conscious work environment for our staff. We are enthused by the Mayor's commitment to racial equity, and we will continue to build upon our partnership with the Office of Racial Equity to ensure a more equitable child welfare agency for the District. And operationally, after more than 20 years with our current system, FACES, we are excited to move into the next phase of implementation for our new and improved Comprehensive Child Welfare Information System which we have enthusiastically titled STAAND—Stronger Together Against Abuse and Neglect in DC.

CONCLUSION

I speak on behalf of CFSA's staff when I thank Mayor Muriel Bowser for continuing to make our agency an administration priority, and I would also like to extend gratitude to the Council of the District of Columbia for your continuous support of our efforts to improve the lives of the District's most vulnerable children and their families. Your partnership is invaluable, and I look forward to building upon it through FY 2022 and beyond.

With that, I conclude my testimony. I am prepared to answer any questions the Committee may have.